

20 NOV 1959

WORCESTERSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE



# ANNUAL REPORT

(Fiftieth)

on the

## SCHOOL HEALTH SERVICE

FOR THE YEAR 1958

by

J. W. PICKUP, M.D., D.P.H.,

County and Principal School Medical Officer.

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WORCESTERSHIRE COUNTY COUNCIL

**EDUCATION COMMITTEE**

**ANNUAL REPORT**

(Fiftieth)

on the

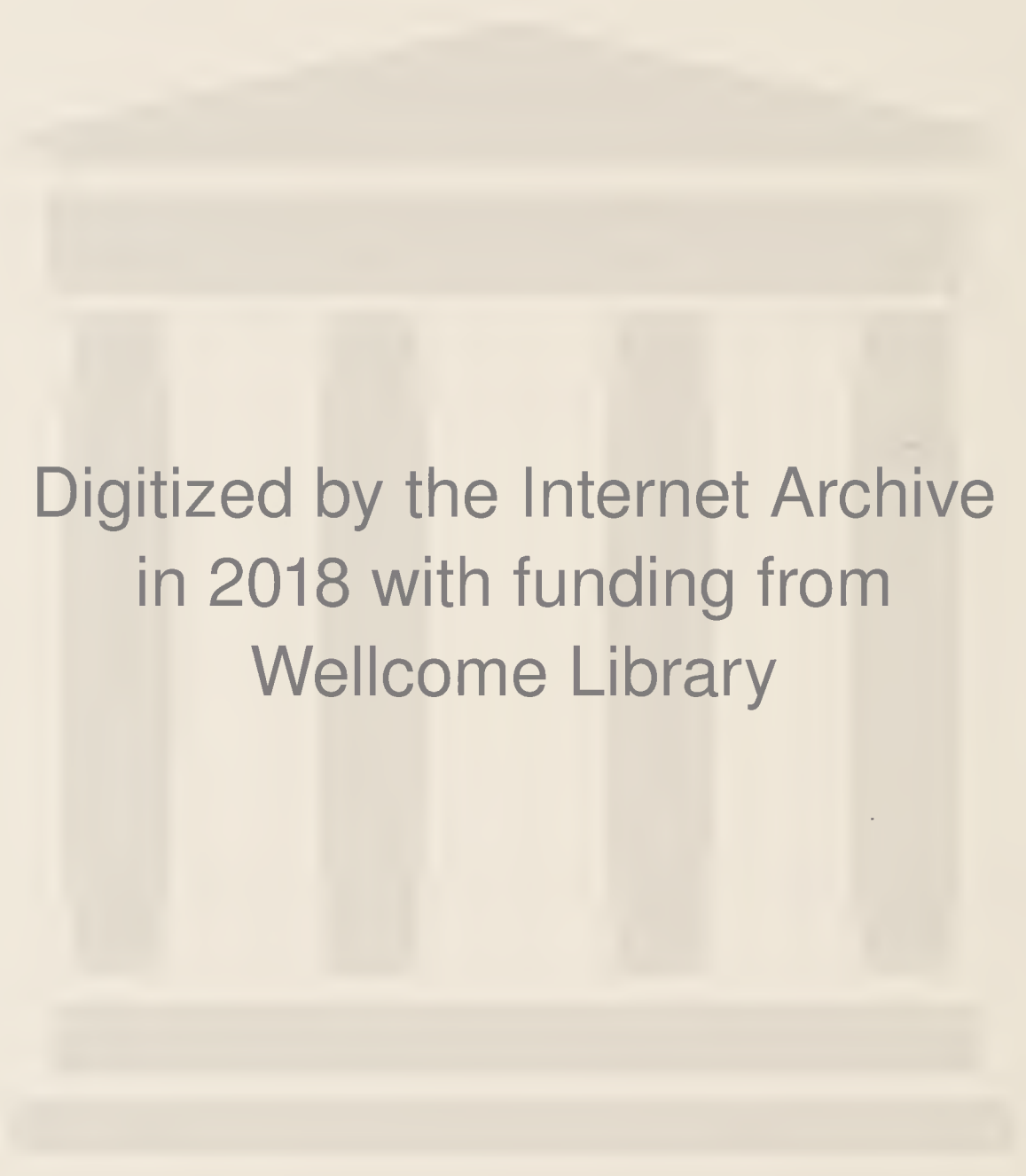
**SCHOOL HEALTH SERVICE**

FOR THE YEAR 1958

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## EDUCATION CHILDREN'S CARE SUB-COMMITTEE

### LIST OF MEMBERS

Mr. J. F. GOODE, O.B.E. Chairman

*Ex-officio members :*

- |  |    |  |
|--|----|--|
| Mr. R. R. ADAM                         | .. | Chairman of the County Council.  |
| Major M. F. S. JEWELL,<br>D.L., C.B.E. |    | Vice-Chairman of the County Council and<br>Chairman of the Sites and Buildings<br>Sub-Committee.             |
| Sir HUGH CHANCE                        | .. | Chairman of the Education Committee<br>and of the Further Education Sub-<br>Committee.                       |
| Mrs. J. E. TALBOT                      | .. | Vice-Chairman of the Education Com-<br>mittee and Chairman of the School<br>Management Sub-Committee.        |
| Miss E. M. NEWTH                       | .. | Chairman of the County Library Sub-<br>Committee.  |
| Mr. F. L. ROSE                         | .. | Chairman of the County Finance Com-<br>mittee.   |
| Brigadier J. SCOTT,<br>D.S.O., O.B.E.  | .. | Chairman of the School Meals Sub-<br>Committee.  |
| Mr. J. H. WALKER                       | .. | Chairman of the Finance and General<br>Purposes Sub-Committee and Agricul-<br>tural Education Sub-Committee. |

*Appointed members :*

- Dr. F. E. DAWES  
 Mr. H. ECCLES  
 Mr. G. E. INCE  
 Mr. A. GUNN  
 Rev. Dr. E. K. H. JORDAN, M.A.  
 Lady C. M. LECHMERE  
 Miss E. M. LYONS  
 Mr. W. POWELL  
 Mr. H. J. TOOBY  
 Mrs. CHRISTOPHER WILSON  
 Mr. J. H. WOOLDRIDGE

*Annual Report (Fiftieth) on the  
School Health Service  
for the Year ended December 31st, 1958.*

Mr. Chairman, Ladies and Gentlemen,

During the past year, the health of the school children in Worcestershire has continued to be satisfactory. The great work of the School Health Service has continued along the usual lines, though it has been stretched to its utmost capacity to cope with the increased work due to the greater number of children now attending school.

The two outstanding features in the past year, have been the excellent results of the appeal to parents to have their children immunised against poliomyelitis and the opening of the new school "Halesbury" for educationally sub-normal school children. The success of the poliomyelitis programme in schools has, in no small way, been due to the wholehearted co-operation of the school staffs, who accepted willingly the disruption of their school work although it was known on many occasions that they were hard pressed to complete the educational work set out in the syllabus for that term.

Alderman J. F. Goode, O.B.E., Chairman of the Educational Child Care Committee, and Chairman of the Managers, performed the opening ceremony of Halesbury School on Saturday 4th July, 1959. This was a memorable milestone along the road to a new way of life for many of our handicapped children. In this school they will have all the special facilities and amenities of a newly designed school so that it cannot be said that these children are receiving inferior training—they will, in fact, use all the special up-to-date equipment, be taught with teachers who are specially qualified and trained, and who have a vocation for this work. Surrounded by an atmosphere of faith and a firm hope in the future the backward child will realise that he or she is no longer ostracized or cast on one side to be left in a corner "playing with coloured crayons." As knowledge and confidence are gained, so shall early anxieties and hesitancy be changed to happiness and certainty, and under the guidance of expert teachers, their limited and special gifts will be developed to the full to give them that knowledge and assurance that they, like other children, can go out into the world and become useful and happy citizens.

It is hoped that a similar school will be opened in the not too distant future to cater for the needs of the backward children in Stourbridge and Kidderminster.

The chronic shortage of Dental Officers has persisted, and whilst, at times, there may be a temporary improvement it would seem to be that until there has been an increase in the accommodation and facilities available for training Dental students, then this chronic shortage of Dental Officers will continue both in the School Health Service and in the National Health Service.

I am grateful to Dr. Galloway, my Deputy, who has prepared the detailed information of this Report and who has undertaken the general supervision of the School Health Service. The work of the staff, both professional and clerical, is deserving of special praise in the light of the burden thrown upon them by the vaccination of school children against poliomyelitis.

I continue to remain indebted to the Chairman and members of the Committee and the County Education Officer for their continued support, advice and encouragement.

Your obedient Servant,

J. W. PICKUP

County and Principal School Medical Officer.

County Buildings,  
Worcester.

August, 1959.

## STAFF

*County Medical Officer of Health and Principal School Medical Officer*

J. W. Pickup, M.D., D.P.H.

*Deputy County Medical Officer of Health and Principal School Medical Officer*

T. McLaren Galloway, M.B., Ch.B., F.R.C.P., D.P.H., Dr.P.H.

*Senior Administrative Medical Officer, Maternal and Child Welfare*

B. Mary Thompson, M.D., L.R.C.P., M.R.C.S., M.B., B.S., D.P.H.

*Divisional Area Medical Officers**Kidderminster*

C. Starkie, B.Sc., M.D., M.B., Ch.B., D.P.H., M.R.C.S., L.R.C.P.

*Oldbury*

H. Tabbush, M.B., Ch.B., D.P.H.

*Deputy Divisional Area Medical Officer—Oldbury*

G. R. Thorpe, M.B., Ch.B., D.P.H.

*Chest Physicians*

R. B. Mayfield, B.A., M.D., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

E. N. Moyes, M.D., Ch.B., M.R.C.P.

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

S. Z. Kalinowski, M.D.

*Assistant County and School Medical Officers*

Eileen Bulmer, M.B., Ch.B.

Gwen S. Clark, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

W. Drawneek, M.B., B.S., D.P.H.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

C. H. Phillips, M.R.C.S., L.R.C.P., D.P.H.

Vera Pugh, B.Sc., M.B., Ch.B., M.R.C.S., L.R.C.P.

E. T. Shennan, M.B., Ch.B., D.P.H.

L. S. Stephens, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

J. D. Terrell, M.B., Ch.B., D.C.H., D.P.H.

*Oculists (Part-time)*

I. Lloyd Johnstone, M.C., M.D., D.O. (Oxon.).

C. Martin Doyle, M.R.C.S., L.R.C.P., D.O. (Oxon.).

C. G. Sinclair, M.B., B.S., F.R.C.S. (Eng.).

G. F. G. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.

*Medical Director—Worcestershire Child Guidance Clinics*

J. J. Graham, M.B., D.P.M.



*Educational Psychologists*

R. S. Reid, M.A., B.Ed.  
Mrs. H. Richardson, M.A., B.Ed.

*Psychiatric Social Workers*

I. Malcolmson, B.A. (Econ.).  
Lilian F. W. Barnes.  
Mrs. M. Branch, B.Sc.(Econ.) (part-time)

*Principal School Dental Officer*

B. D. Britten, L.D.S.

*Deputy Principal School Dental Officer*

F. H. Pugh, L.D.S.

*Divisional Dental Officers*

V. L. L. Hall, L.D.S.  
J. Rodgers, L.D.S.

*Assistant Dental Officers*

Mrs. I. D. Ball, L.D.S.  
C. W. D. Jones, B.D.S.  
T. Lucas, L.D.S.  
Miss R. J. Sammons, L.D.S.  
E. V. Stone-Wigg, L.D.S.  
L. R. Trace, L.D.S.  
P. Walsh, B.D.S.  
Mrs. A. M. Facer, L.D.S. (part-time)  
G. Facer, L.D.S. (part-time)  
Mrs. M. R. Tibbatts, L.D.S. (part-time)  
Mrs. B. J. Whitehead, L.D.S. (part-time)

*Oral Hygienist*

Vacant

*Administrative Assistant*

H. A. Rock

*Chief Nursing Officer*

Miss S. Keeler, S.R.N., S.C.M., Q.N.S., H.V.

*Superintendent Health Visitor*

A. Kean, S.R.N., S.C.M., H.V.Cert.

*Deputy Superintendent Health Visitor*

Miss L. Mee, S.R.N., S.C.M., H.V.

*Health Tutor*

Vacant

*Deputy Superintendent, District Nurses and District Nurse Midwives*

Miss E. Morain, S.R.N., S.C.M., Q.N., H.V.

*Orthopaedic After Care Staff*

Mrs. K. J. Johnson

Miss D. B. Jeavons

*Speech Therapists*

Miss D. M. Edwards, L.C.S.T.

Miss R. M. Bourke, L.C.S.T.

Miss J. Normand, L.C.S.T.

## SUMMARY OF STAFF

	Number of Officers	Number in terms of full-time officers employed in the School Health Service
(a) Medical Officers :—		
(i) whole-time School Health Service .. ..	—	—
(ii) whole-time School Health and Local Health Services .. .. .	18	8.0
(iii) general practitioners working part-time in School Health Service .. .. .	3	0.25
(b) Physiotherapists .. .. .	1	0.5
Speech Therapists .. .. .	3	3.0
Remedial Gymnast .. .. .	1	0.5
(c) (i) (a) School Nurses .. .. .	47	22.04
(b) District Nurses .. .. .	37	1.85
(ii) No. of the above who hold a Health Visitor's Certificate .. .. .	66	—
(d) Nursing Assistants .. .. .	2	1.5

(e) Dental Staff :—	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Number in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(i) Principal School Dental Officer .. ..	1	0.9	—	—
(ii) Dental Officers .. ..	10	9.0	3	1.8
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above) .. ..	1	0.7	—	—
TOTAL .. ..	12	10.6	3	1.8
			Number of Officers	Number in terms of full-time officers employed in the School Dental Service
(iv) Dental Attendants .. .. .			14	12.2

## STATISTICS 1958

Area of Administrative County (acres)	..	..	..	437,460
Population Mid-1958	..	..	..	428,300
Value of 1d. rate	..	..	..	£18,244
School Population	..	..	..	64,505

*County of Worcester (less Borough of Oldbury)*

				<i>Schools/Dept.</i>	<i>Boys</i>	<i>Girls</i>
Nursery	..	..	..	1	26	13
Primary	..	..	..	246	17,659	16,667
Secondary Modern	..	..	..	33	7,966	7,751
Secondary Grammar	..	..	..	10	2,817	2,548
Secondary Technical	..	..	..	3	498	139
				<hr/> 293	<hr/> 28,966	<hr/> 27,118

*Borough of Oldbury*

Nursery	..	..	..	—	—	—
Primary	..	..	..	21	2,621	2,579
Secondary Modern	..	..	..	6	1,220	1,238
Secondary Grammar	..	..	..	1	284	290
Secondary Technical	..	..	..	1	97	92
				<hr/> 29	<hr/> 4,222	<hr/> 4,199

There were nearly eight hundred more children in Worcestershire schools than in any previous year.

## SCHOOL CLINICS

- (a) *Number of School Clinics* provided for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools .. .. 22

Three mobile Dental Clinics are in full use in the County.

- (b) *Type of Examination and/or Treatment provided*, at the school clinics returned in Section (a), either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment  (1)	Number of School Clinics ( <i>i.e. premises</i> ) where such treatment is provided.	
	directly by the Authority  (2)	under arrangements made with Regional Hospital Boards or Boards of Governors of Teach- ing Hospitals  (3)
A. Minor ailment and other non-specialist examination or treatment .. .. .	16	—
B. Dental .. .. .	12	—
C. Ophthalmic .. .. .	15	—
D. Ear, Nose and Throat .. .. .	—	—
E. Orthopaedic .. .. .	—	1
F. Paediatric .. .. .	—	—
G. Speech Therapy .. .. .	12	—
H. Others		
Orthoptic .. .. .	—	1
U.V.L. .. .. .	3	—
Investigation .. .. .	1	—



## List of Clinics :

Name	Address	Held on	Nurses Sessions	Medical Officer	Services	Remarks
Blackheath	Long Lane Chapel, Blackheath.	Mondays 9.30 a.m.		Dr. M. M. Meikle	E.M.	
Blackheath	Dental Clinic, Long Lane, Blackheath.	Wednesdays 9.30 a.m.—4.30 p.m.			D.	
Bromsgrove	Recreation Road, Bromsgrove.	Mondays and Wednesdays 9.30 a.m.		Dr. V. Pugh	C.G.D.E.M.S.	
Catshill	Baptist Chapel, Catshill.	Fridays 2 p.m.	Fridays 9.30 10.30 a.m.	Dr. V. Pugh	M.	This clinic is held in conjunction with the Infant Welfare Centre.
Cofton Common	Wootton Road, West Heath.	Occasional			E.	
Cradley	Colley Lane, Cradley, Staffs.	Fridays 9.30 a.m.		Dr. M. M. Meikle	D.E.M.	
Droitwich	Baptist School Rooms, Droitwich.	Tuesdays 2 p.m.		Dr. L. S. Stephens	E.M.	This clinic is held in conjunction with the infant Welfare Centre.
Evesham	The Clinic, Avonside Hospital, Evesham.	Fridays 9.30 a.m.		Dr. E. T. Shennan	D.E.M.S.	
Halesowen	Tenter Street School, Halesowen.	Fridays 9.30 a.m.		Dr. E. M. Bulmer	D.M.S.	
Lye	Orchard Lane School, Lye, Stourbridge.	Fridays 11.30 a.m.	Mondays, Fridays, 9.30 a.m.	Dr. J. D. Terrell	D.E.M.	
Newtown	Sydenham Villa, Newtown Road, Malvern.	Fridays 9.30 a.m.	Mondays, Wednesdays, 9 a.m.	Dr. H. F. Green	E.M.S.	
Pershore	Women's Institute Hall, Pershore.	Thursdays 9.30 a.m.			S.E.	
Redditch	The Old Vicarage, Redditch.	Daily 9.30 a.m.—4.30 p.m.		Dr. E. Patterson	E.M.S.D.	
Stourbridge	Hagley Road, Stourbridge.	Fridays 9.30 a.m.	Mondays 9.30 a.m.	Dr. J. D. Terrell	D.E.M.O.S.	
Worcester	1, Love's Grove, Castle Street, Worcester.	Wednesdays 9 a.m. & 2 p.m. Thursdays 9.30 a.m. Saturdays 9.45 a.m.		Dr. J. J. Graham Medical Director— Worcestershire Child Guidance Clinics.	C.G.	
Worcester	Forecourt, Shirehall, Worcester.	Occasional Wednesdays 9.30 a.m.			E. S.	Dental clinic not at present in use.
Wythall	The Institute, Wythall	Wednesdays 9.30 a.m.			S.	
<i>Kidderminster Area</i>						
Kidderminster	Coventry Street, Kidderminster.	Thursdays 9.30 a.m.	Daily 9—10 a.m.	Dr. C. Starkie	C.G.D.E.M.S.	
Stourport-on-Severn	Mitton Street, Stourport.	2nd & 4th Fridays 9 a.m. by appointment	Mondays, Wednesdays and Fridays 9—10 a.m.	Dr. R. W. Markham	D.E.M.S.	
<i>Oldbury Area</i>						
Langley	"The Hollies," Joinings Bank, Langley Oldbury.	Monday—Friday 9 a.m.		Dr. H. Tabbush	I.M.S.U.V.L.	
Oldbury	Tabernacle School, Talbot Street, Oldbury.	Monday—Friday 9 a.m.		Dr. D. M. Blomfield	D.M.U.V.L.	
Warley	Bleakhouse Road, Warley, Oldbury.	Monday—Friday 9 a.m.		Dr. D. M. Blomfield	C.G.D.E.M.Or.U.V.L.	

*Index to Services :*

C.G.	Child Guidance	E.N.T.	Ear, Nose and Throat.	Or.	Orthoptic
D.	Dental	I.	Investigation	S.	Speech
E.	Eye	M.	Minor Ailments	U.V.L.	Ultra Violet Light
		O.	Orthopaedic		





The number of school clinics has been reduced by four during the year.

It has been found that patients are more likely to attend regularly for treatments etc. at modern clinics even if longer journeys are involved. Travelling time of staff is reduced and results are better.

A study of clinic requirements is being made so that a long term programme of development may be agreed by the authority.

### CHILD GUIDANCE

(1) Number of Child Guidance Centres provided by the Authority, 4.

(2) Staff of Centres :—

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrist .. .. .	1	1
Educational Psychologists .. ..	2	0.5
Psychiatric Social Workers .. ..	3	1.3

The Services of the Psychiatrist are made available by arrangement with the Regional Hospital Board.

The numbers of cases referred by head teachers, general practitioners, juvenile courts, etc., were :—

Worcester .. ..	94
Bromsgrove .. ..	34
Oldbury .. ..	27
Kidderminster .. ..	47
	202

324 school children were treated during 1958 compared with 236 for 1957.

Thanks to a welcome increase in staff the work done at the clinics increased by one third.

Nearly all of the cases dealt with must be treated for long periods of time, and the importance and success of this service is now generally accepted.

Twenty-seven cases of minor behaviour disorder were cared for at various times during the year at the Malvern Open Air School.

Six ascertained maladjusted children are at residential special schools.

Dr. J. J. Graham—Medical Director of the service reports :

“ This year of 1958 has seen the fulfilment of long awaited hopes. In April the alterations and decorations to No. 1, Love’s Grove, were sufficiently advanced for the premises to be occupied, and so for the first time the Service had the benefit of a central Clinic and Office in one and the same building, with accommodation for all the staff. The premises of the old Worcester Clinic at Friar Street are due for demolition. The City Health and Education Authorities have therefore come to an arrangement with the County to use the central Clinic for City children.

During the year, a second Educational Psychologist, and a third (part-time) Psychiatric Social Worker were appointed.

In common with other Child Guidance and Child Psychiatric Clinics up and down the country, we are seeing more and more children with the label of “ school phobia :” children who cannot attend school because they develop acute panic at the prospect of leaving their home and their mother each morning. The incidence of such cases is rising steeply, not only in this country, but in the United States and Canada also. The condition is quite different from truancy, where the youngster goes off from home without difficulty, and then roams the neighbourhood. In our experience, and in that of most others, the problem has nothing to do with the school, but with the relationship between the child and his parents. A few of those, such as school teachers, members of local education committees, educational welfare officers, and the like, who come in direct or indirect contact with such cases, have difficulty in appreciating the condition as a neurotic illness. The more robust-minded feel that the child is being “ given in to,” and that compulsion is called for ; the psychiatric approach is regarded as “ soft.” Few people fortunately, have seen a 12-year-old in a state of acute panic. Those who have, including the unfortunate parents of such children, realise the impossibility of compulsion. If compulsion “ worked,” we would be whole-hearted supporters of it.”

### CO-ORDINATION

Family doctors, hospital doctors, and the School Health Service share the medical responsibility for the health of school children.

Some effort is needed from all parties sharing a joint responsibility of this kind and I am happy to report once again that excellent working relationships are the rule.

I commend once again the continued interest and co-operation of Headmasters, Headmistresses and teachers in schools. Much of the work of the School Health Service involves additional work and sometimes considerable temporary inconvenience in the schools, but this is almost universally accepted ungrudgingly in the interests of the children.

## SCHOOL HYGIENE

16 new schools were brought into use.

Lighting improvements were carried out at 5 schools ; sanitary improvements at 21 schools ; new playground and playground improvements at 33 schools, and 20 acres of school playing fields were provided at 6 schools.

It may be difficult for some readers to visualise the difference in school working and living conditions brought about by lighting, sanitary and playground improvements.

Many of the unworthy schools have been brought up to modern standards.

A great deal has been heard of conditions of work in industry but conditions of work, both for staff and scholars, is still quite unacceptable in some schools.

A new development of great health interest is the trend toward the provision of swimming pools for school children.

Due regard will be paid to the hazards occasionally associated with swimming pools and discussions have taken place on topics such as the prevention of cross infection, heating, etc.

## MEDICAL INSPECTION

Medical inspection of school children in the following age groups has continued :—

Entrants—all entrants attending a maintained school for the first time, who are inspected as soon as possible after admission.

Intermediates—all children of 10—11 years age group at primary schools.

Leavers—all children of 14 years age group and, at grammar schools, 15 years age group.

There has been a further slight reduction in the number of school children examined. This was caused by the poliomyelitis vaccination programme to which a great deal of professional and clerical time had to be diverted.

About 8% of the children inspected require medical treatment, and appropriate arrangements are made in each case.

The following table is inserted at the request of the Minister of Education.

## MEDICAL INSPECTION AND TREATMENT RETURNS

Year ended 31st December, 1958.

### PART I

Medical Inspection of Pupils attending maintained and assisted Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later	6	6	100.00		
1953	3980	3962	99.55	18	.45
1952	1558	1545	99.18	13	.82
1951	229	227	99.12	2	.88
1950	3213	3197	99.50	16	.50
1949	992	980	98.79	12	1.21
1948	495	493	99.60	2	.40
1947	5135	5118	99.67	17	.33
1946	555	552	99.46	3	.54
1945	162	161	99.38	1	.62
1944	3978	3972	99.85	6	.15
1943 and earlier	1362	1358	99.71	4	.29
<b>TOTAL ..</b>	<b>21,665</b>	<b>21,571</b>	<b>99.56</b>	<b>94</b>	<b>.44</b>

Table B.—Pupils found to require treatment at periodic medical inspections (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	—	1	1
1953	35	232	265
1952	13	117	126
1951	1	6	7
1950	118	95	207
1949	71	85	144
1948	58	27	82
1947	284	308	554
1946	33	29	60
1945	8	13	20
1944	224	190	397
1943 and earlier	146	106	237
TOTAL ..	991	1209	2100

TABLE C—OTHER INSPECTIONS

Number of Special Inspections .. ..	7,549
Number of Re-inspections .. ..	5,698
Total .. ..	<u>13,247</u>

## PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
4	Skin .. ..	23	66	70	77	62	114	155	257
5	Eyes—								
	a. Vision ..	48	171	368	441	575	863	991	1475
	b. Squint ..	49	76	15	26	54	115	118	217
	c. Other ..	13	14	4	17	16	38	33	69
6	Ears—								
	a. Hearing ..	6	63	8	24	14	66	28	153
	b. Otitis Media	9	72	5	27	14	77	28	176
	c. Other ..	6	30	15	17	10	30	31	77
7	Nose and Throat ..	73	540	16	103	60	559	149	1202
8	Speech .. ..	28	79	5	10	25	30	58	119
9	Lymphatic Glands	7	131	1	12	2	127	10	270
10	Heart .. ..	5	32	3	25	7	53	15	110
11	Lungs .. ..	22	149	3	46	30	171	55	366
12	Developmental—								
	a. Hernia ..	7	19	5	9	5	18	17	46
	b. Other ..	7	71	16	25	23	146	46	242
13	Orthopaedic—								
	a. Posture ..	6	33	18	48	22	119	46	200
	b. Feet ..	55	126	51	50	115	163	221	339
	c. Other ..	29	85	54	110	84	210	167	405
14	Nervous system—								
	a. Epilepsy ..	1	6	3	4	6	18	10	28
	b. Other ..	10	24	3	13	5	53	18	90
15	Psychological—								
	a. Development	2	31	3	32	3	95	8	158
	b. Stability ..	1	22	1	15	1	41	3	78
16	Abdomen .. ..	3	22	—	4	1	19	4	45
17	Other .. ..	8	36	21	35	24	67	53	138

TABLE B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin .. .. .	194	32
5	Eyes—		
	a. Vision .. .. .	491	458
	b. Squint .. .. .	105	105
	c. Other .. .. .	29	30
6	Ears—		
	a. Hearing .. .. .	15	54
	b. Otitis Media .. .. .	5	15
	c. Other .. .. .	21	7
7	Nose and Throat .. .. .	79	259
8	Speech .. .. .	37	56
9	Lymphatic Glands .. .. .	5	16
10	Heart .. .. .	4	34
11	Lungs .. .. .	17	111
12	Developmental—		
	a. Hernia .. .. .	2	2
	b. Other .. .. .	4	36
13	Orthopaedic—		
	a. Posture .. .. .	7	29
	b. Feet .. .. .	57	72
	c. Other .. .. .	34	65
14	Nervous system—		
	a. Epilepsy .. .. .	5	15
	b. Other .. .. .	27	34
15	Psychological—		
	a. Development .. .. .	23	70
	b. Stability .. .. .	21	38
16	Abdomen .. .. .	1	5
17	Other .. .. .	106	138

### HEALTH EDUCATION IN SCHOOLS

Health Education is now part of the normal curriculum in all schools and a great deal of consultant advice is given to and is always at the disposal of Heads of Schools.

The school nurses and doctors take an active part in courses, and they have access to a wide range of visual aids etc.

Following discussion with the Teachers' Advisory Committee, a circular has been sent to the head teachers of schools with senior pupils, suggesting suitable ways of impressing upon the older children the harmful effects of smoking.

## EYE DISEASES, DEFECTIVE VISION AND SQUINT

	<i>Number of cases known to have been dealt with</i>
External and other, excluding errors of refraction and squint .. .. .	191
Errors of refraction (including squint) ..	2,894
Total ..	<hr style="width: 100%;"/> 3,085 <hr style="width: 100%;"/>
Number of pupils for whom spectacles were prescribed .. .. .	2,285

The Executive Council is very sympathetic to the applications of parents of children who apply to have their children's glasses repaired. Most frequently the glasses have been broken or damaged in an unavoidable accident either at home or at school, but in certain cases of older children it was felt that the child must accept the responsibility, the lack of care resulting in damage to the frames or lenses.

There were 91 claims (totalling £86 4s 1d) on the Education Committee for the repair of school children's spectacles.

The Worcestershire Executive Council have submitted the following resolution to the Executive Councils' Association—

“ That consideration be given to the introduction of a procedure whereby the parents be informed of the cost of the repair or replacement to public funds, with a view to their appreciating the necessity for proper care being taken of their children's glasses.”

It has been customary when authorising replacement or repair of glasses which are lost or damaged in avoidable circumstances, to remind parents of their duty to see that children take care of spectacles provided at public expense.

### CLEANLINESS

(a) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	144,924
(b) Total number of individual pupils found to be infested ..	1,762
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	80
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ..	2

Fewer examinations were possible this year but more children were found to be verminous. The degree of infestation varies from the presence of one or two louse eggs in an otherwise healthy child to a scalp heavily infested in the child from some chronically infested family.



The greatest care is taken to avoid causing undeserved distress to affected children.

Apart from a few cases of "accidental" infestation, the condition is nearly always evidence of poor standards at home.

### DISEASES OF THE SKIN.

(excluding uncleanness)

	Number of cases known to to have been treated.
Ringworm—(a) Scalp .. .. .	—
(b) Body .. .. .	6
Scabies .. .. .	6
Impetigo .. .. .	21
Other skin diseases .. .. .	574
Total .. .. .	607

The reduction in the number of children with skin diseases is due to a number of factors including better standards of cleanliness, and more effective treatment.

A few cases of animal ring worm have been seen, fortunately in time to prevent the spread of infection to other children.

### DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear .. .. .	—
(b) for adenoids and chronic tonsillitis .. .. .	471
(c) for other nose and throat conditions .. .. .	—
Received other forms of treatment .. .. .	86
Total .. .. .	557
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1958 .. .. .	24
(b) in previous years .. .. .	30

Children with any significant disease of ears, nose or throat are seen by an appropriate consultant, and there is practically no delay in getting appointments.

Many partially deaf children are provided with hearing aids and manage very well in ordinary schools. Children who are more seriously affected receive special schooling.

## COUNTY SCHOOL DENTAL SERVICE

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER  
FOR THE YEAR 1958

For part of the year the Staffing position in the County was better than it has ever been before. At one time twelve whole-time and five part-time dental officers were working, but the resignations of Miss Badham and Mrs. Wayte amongst the whole-time staff and Mr. Rubayi from his part-time appointment, adversely affected the position and these losses were only partially offset by the appointment of Miss R. Sammons to the whole-time Staff. Nevertheless, more dental sessions were carried out than ever before in a single year in this County, but even this increase was quite insufficient to cope with the enormous and ever increasing amount of work to be done. It was still only possible to inspect about 70% of the children in the schools during the year, and, whilst more children were treated than ever before, the melancholy fact remains that only about half those children found to require treatment actually received it in the County Dental Clinics.

Ten years ago the "acceptance rate" in the County was approximately 80% (the "acceptance rate" is the proportion of children whose parents accept the proffered treatment found necessary at the school inspection). In 1958 this acceptance rate had fallen to just over 60%—in other words, 4 out of every 10 children found to be in need of dental treatment do not come to the clinics to receive it. At first glance this may seem a very bad trend. It is, therefore, necessary to seek the causes.

The National Health Service Act which came into force in 1948 enabled all persons, irrespective of age, to get dental treatment from the general dental practitioner free of extra charge in the first instance and though a nominal charge to the patient was later introduced, this did not apply in the case of children. The demand by the general public became so great that dental surgeons found it extremely easy to set up a new practice and be virtually certain of an excellent income almost literally overnight. The result was that many local authority dental officers gave up their appointments to seek their fortune in private practice.

The years that followed were lean years indeed for the school dental service. Staffs became depleted—in some cases reduced to nil—and clinics were closed down. Parents who had been accustomed to having their children dentally inspected at schools and offered treatment in the school clinics, gradually became aware of the fact that the local authority was no longer in a position to maintain such a service. The obvious answer was for them to take their child to their own dentist where treatment could be received free of charge. Such was the pressure upon the private practitioner, however, that many were unable to get treatment in this manner. Nevertheless, from the periodic inspection of children in the schools it is obvious that very many now go to private dentists and it is felt that these facts are the major causes of the decline in the acceptance rate. The fact that many children are obtaining treatment in this manner is one of satisfaction to the school dental officer who, alas, is still quite unable to cope with all the dental disease found.

The number of teeth filled (and consequently saved) is the highest on record, but so is the number of permanent teeth extracted. The disease most prevalent in mankind is dental decay and it needs no figures to show the dental officer that it is spreading more and more each year. Though research workers have so far been unable to define the exact causes of dental decay, it is known that the disease increases with an increase in the intake of refined sugars. For years dentists have been trying to persuade the general public to alter their eating habits, to reduce the amount of sugar and confectionery eaten, to clean the teeth after food and to avoid snacks between meals. It would be easier to persuade the leopard to change its spots. To add to our troubles, advertisements by manufacturers are ever increasingly putting tempting wares before the eyes of the public. The dentists' task seems to get more and more hopeless and many feel that the only thing now left is to make the teeth of the nation so resistant to decay that the control of this disease will once more be within the capabilities of the profession. Present scientific knowledge indicates that this effect can be produced by the introduction into the drinking water of minute traces of sodium fluoride. Pilot schemes are at present being carried out in this country and when the results are published it is confidently expected that they will show that these otherwise harmless, minute doses of this chemical in the drinking water may do more than all the propaganda and preaching has done in the past.

B. D. BRITTEN,

Principal School Dental Officer.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT  
BY THE AUTHORITY**

(1) Number of pupils inspected by the Authority's Dental Officers :—			
(a) At Periodic Inspections ..	41,545		
(b) As Specials .. .. .	2,432	Total (1)	43,977
(2) Number found to require treatment .. .. .			33,101
(3) Number offered treatment ..			26,412
(4) Number actually treated ..			15,924
(5) Number of attendances made by pupils for treatment, including those recorded at 11(h) ..			29,319
(6) Half days devoted to :			
(a) Periodic (School) Inspection	277	Total (6)	4,806
(b) Treatment .. .. .	4,529		
(7) Fillings			
(a) Permanent Teeth .. ..	22,760	Total (7)	24,746
(b) Temporary Teeth .. ..	1,986		
(8) Number of Teeth filled			
(a) Permanent Teeth .. ..	19,805	Total (8)	21,730
(b) Temporary Teeth .. ..	1,925		
(9) Extractions :			
(a) Permanent Teeth .. ..	4,589	Total (9)	18,782
(b) Temporary Teeth .. ..	14,193		
(10) Administration of general anaesthetics for extraction			2,058
(11) Orthodontics :			
(a) Cases commenced during the year .. .. .			172
(b) Cases carried forward from previous year .. .. .			207
(c) Cases completed during the year .. .. .			143
(d) Cases discontinued during the year .. .. .			20
(e) Pupils treated with appliances .. .. .			238
(f) Removable appliances fitted .. .. .			241
(g) Fixed appliances fitted .. .. .			1
(h) Total attendances .. .. .			2,698
(12) Number of pupils supplied with artificial teeth .. ..			138
(13) Other operations :			
(a) Permanent Teeth .. ..	4,651	Total (13)	5,325
(b) Temporary Teeth .. ..	674		

## ORTHOPAEDIC DEFECTS

The orthopaedic after-care sisters report as follows :—

*Miss D. B. Jeavons*

“ The past year has been a busy one amongst the school children. A large number of children have been referred for postural exercises. Many of these have excellent musculature but just seem to stand badly. One wonders what the cause of this stooping is—whether it is crouching over television sets, or sitting at desks which are too low, which is the case in quite a few schools.

I feel that the answer to the problem lies more in training at school *en masse* than in individual exercises, which in many cases are not carried out conscientiously at home, and unless done regularly cannot do any good. Perhaps a few minutes postural training at the end of every P.T. class might help considerably.

On the whole footwear has been satisfactory, with the exception of the inevitable “casuals” amongst the older girls. Tendency to bunions is not uncommon amongst this age group.

Asthma classes have been continued at the Open Air School, Malvern. It is a pleasure to go there and see how much the children improve physically with the fresh air, plenty of rest, good food and regular hours.

After-care amongst the handicapped children has continued as before with routine inspection of splints and special footwear. The children hold their own amongst the non-physically handicapped, taking the rough with the smooth and coming up smiling. The mother of one spastic boy told me she was delighted when he told her he had had the cane, because she felt that he was accepted amongst the staff as a normal boy.

General inspections of schools for minor Orthopaedic defects have been carried out as in 1957.”

*Mrs. K. J. Johnson*

“ In general, the orthopaedic work has followed the same lines as previous years.

*Footwear :*

The commonest fault is still that many shoes though of good quality are too short. The “slip on” type of shoe, popular amongst teenage girls, may well be a contributory factor to the number of early Hallux Valgus and hammer toe deformities seen at school.

*Posture :*

After watching hundreds of children walking into halls or “gyms” for inspection, the general impression is one of untidiness. It is rare to see a class walk in correctly and smartly. More emphasis on this during P.E. periods should show a marked improvement.

In a few schools, I have given short talks to senior girls, on posture, care of the feet and suitable footwear.

*After-care :*

Children who have required treatment either in hospital or at an Orthopaedic Clinic, have been followed up either at school or home.

Remedial exercises have been taught where necessary and parents encouraged to see they are continued over the rather long period which is necessary to show the desired result."

**TUBERCULOSIS.***B.C.G. vaccination of school children*

The scheme for tuberculin testing and B.C.G. inoculation of 13 year old school children continued through the year. Heaf "guns" were used in an effort to minimise "observer error" and they were a success.

The percentage of negative reactors rose from 84% in 1957 to 86% this year and that is a trend in the right direction.

## B.C.G. Vaccination 1958

No. of Invitations issued	No. of consents received	Percentage acceptance	No. of children whose tests were read A	Result of Test		Percentage of Positive reactors 100 B/A	Percentage of Negative reactors 100 C/A	No. of children vaccinated
				Positive Reaction B	Negative Reaction C			
5,412	4,711	87.0	4,292	584	3,708	13.6	86.4	3,708

Dr. R. B. Mayfield, Chest Physician to the Birmingham Regional Hospital Board and Senior Tuberculosis Officer to the Local Health Authority, has contributed the following summary :—

*Notifications of Tuberculosis in Children of School Age*

	Respiratory		Non-Respiratory		Both Forms	
	Number	Rate/1,000	Number	Rate/1,000	Number	Rate/1,000
Average 1948-52 ..	17.4	0.32	16.6	0.30	34.0	0.62
Average 1953-57 ..	13.2	0.21	9.4	0.12	20.8	0.34
1958 .. ..	18	0.28	4	0.06	22	0.34

“The most noteworthy feature of the 1958 figures is the rise in the number of respiratory notifications, which is double that of 1957 (9 cases, or 0.14 per 1,000). Even a single notification of a preventable disease such as tuberculosis is unsatisfactory, let alone an actual increase at a time when effective control is supposed to be in sight. Despair, however, would be premature, as wide variations are inevitable from time to time when dealing with such small numbers. A mere handful of new adult notifications may occasionally yield quite a crop of contacts with primary infections, and if these happen to be caught in their early active stage, they are, of course, notifiable. Investigations carried out at schools in which cases have occurred, by Mass Radiography and Heaf testing, indicate that the chance of infection in the schools themselves is small.

The low non-respiratory rate has been sustained and much of the credit for this must be due to the cleaner milk supply of recent years.

For the fifth successive year, there is no record of any death from tuberculosis in school children.”

### SCHOOL CHILDREN AND ROAD ACCIDENTS

The following table has been supplied by the Chief Constable of Worcestershire :—

	Fatal	Serious	Slight	Total
1958 .. ..	3	90	235	328
1957 .. ..	3	108	208	319
1956 .. ..	2	88	193	283
1955 .. ..	3	88	227	318
1954 .. ..	2	91	213	312
1953 .. ..	1	88	190	279
1952 .. ..	5	110	211	326
1951 .. ..	7	83	173	263

With more children “at risk” it is hardly surprising that this melancholy record shows that still more school children were road casualties.

Strenuous efforts are made to educate the children in road sense but with increasing congestion on the roads the margin of safety, particularly in cycling, is always perilously small.



## COMMUNICABLE DISEASE

### *Poliomyelitis Vaccination*

As I mentioned in my last report, it was not until the 14th February, 1958, that the first substantial issue of vaccine was received and a start could be made on vaccinating some 54,000 applicants.

By the 31st August, 1958, this mass programme had been completed, although there was, of course, continuing registration. The position then was that 68,086 persons had had two injections of vaccine, 1,876 had had one injection and 3,458 were awaiting their first injection.

This result was achieved only by the united special efforts of the staff of the department—medical, nursing and clerical—the participation of the family doctors and the co-operation of the Chief Education Officer and the Headteachers of all schools.

The following facts are of interest :—

- (i) The acceptance rate was roughly 65%.
- (ii) The total number of doses of vaccine received was 175,730. Special arrangements had to be made for the storage of the vaccine.
- (iii) The number of hours of paid overtime worked by the staff of the Health Department was 2,196.
- (iv) One additional medical officer was engaged full time for three months and nineteen doctors were employed for occasional sessions in addition to the Departments own medical staff.
- (v) The distribution of the vaccine to general practitioners and clinics was carried out by various members of the Health Department staff often in the evenings and at week-ends. More than 600 delivery schedules are recorded.
- (vi) In addition to the Authority's own schools and clinics at which nearly 1,200 full sessions were held, the following special units were covered :—
 

Private schools and colleges	.. .. .	19
Special schools for handicapped children	.. .. .	3
County Council Children's homes	.. .. .	5
Dr. Barnardo's Homes and Church of England Children's Society	.. .. .	4
Approved school	.. .. .	1
Colonies or Homes for mental defectives	.. .. .	3
- (vii) The highest *daily* registration figure recorded was 3,772.
- (viii) The number of cases in which the family doctor was chosen to do the vaccination was 11,585.
- (ix) The scheme was decentralized to the Divisional Offices at Oldbury and Kidderminster.

Early in September the Ministry of Health extended the scheme to include (1) young persons aged 15—25 years and (2) hospital staff who come into contact with patients, medical students and the families of these groups. Third injections were also included which involved recalling all of those done earlier in the year for a further injection.

On the instruction of the Health Committee the most intensive publicity programme ever undertaken by the department was launched to bring this extension of the scheme to the notice of the public.

The measures taken included :—

1. Direct approach to individual pupils in schools and colleges of further education.
2. Display advertisements published and repeated in all newspapers circulating in the county.
3. Wide distribution of tens of thousands of consent cards and explanatory letters through the Council's medical and nursing staff, medical officers of health, general practitioners, clinics and centres.
4. Display of posters either produced by the County Council or those issued by the Ministry of Health at—

Clinics  
Schools  
Police Stations  
Post Offices  
General Practitioners' Surgeries  
Youth Clubs  
Women's Institutes  
Factories

5. Press interviews and reports.

The result was almost negligible but this picture was to alter dramatically in 1959 following the death from poliomyelitis of a Birmingham footballer.

At the end of the year, 3,294 persons had had three injections, 74,988 (including 1,620 in the new age group) had had two injections, 2,728 (including 1,319 in the new age group) had had one injection and 1,076 (including 455 in the new age group) were awaiting their first injection.

In the meantime the Health Committee had decided to appoint one additional full-time assistant county medical officer and an additional clerk to make possible a resumption of the ordinary work of the department which had been seriously disrupted by the poliomyelitis scheme and to reduce the need for further engagement of general practitioners on a sessional basis to assist the Council's whole-time medical staff.

The scheme continues, and only those directly involved can have much idea of its difficulties or of the work which has been put into it to ensure its success.

It is safe to say that no undertaking of similar magnitude has ever been performed by local health authorities. Every member of my staff rose to the occasion and I am most grateful to them all.

The response among school children was all that could be hoped for and virtually all school children have been protected. There is already a substantial amount of evidence that the vaccines are effective and there is good reason to hope that poliomyelitis, like diphtheria, will become a disease only of those young persons who have been stupid enough not to seek protection or school children whose parents have denied them the benefits of this latest triumph of preventive medicine.

### WEST MALVERN RESIDENTIAL OPEN-AIR SCHOOL

The following report has been given by the Chief Education Officer :—

“ Once again, the School has completed a successful year’s work in providing education for children most likely to benefit from a period of convalescence in open-air conditions.

It opened with a review of the excellent work done by the school in the past, and a glance into the future. In looking into the future the Committee have expressed their confidence that the school can continue in its recently improved premises to serve a useful purpose for another ten years or so, and that in the meantime careful consideration can be given to its future long-term role.

The recent substantial improvements to the school have effected a remarkable transformation, and staff and pupils have not been slow to respond to the more comfortable and brighter conditions in which they are now working. Special care was taken in planning these alterations to the premises to give maximum flexibility in catering for boys and girls who are in need of open-air treatment, and the school can now admit, during any given term, 40 junior boys and girls (*i.e.* ages 5 to 8) plus *either* 40 senior boys *or* 40 senior girls (*i.e.* ages 9 to 15). Thus junior boys and girls will continue to be admitted each term and senior boys and girls will alternate according to the length of their respective waiting lists, or the degree of need.

The year has again confirmed that there can be no question of the improvement of the condition of the great majority of children who pass through the school. For their contribution towards this very worth-while end thanks are again due to the managers (Chairman : Miss E. M. Newth) for their general conduct of school affairs, and to the headmistress (Miss D. Stazicker) and her staff under whose daily care the children continue to thrive.”

### PHYSICAL EDUCATION

The Chief Education Officer has supplied the following report prepared by his advisory officers, Miss M. E. Hodkinson, Mr. A. Charles and Mr. R. A. Young :—

“ The policy of holding Teachers’ Courses in different parts of the County rather than in one centre has been continued and has proved successful in that many more teachers were able to attend. Courses were held in games training, and physical education in primary schools. Two Courses which were held centrally for the whole County were those on the construction of canoes and their use for touring and camping, and physical education in boys’ secondary schools.

The lack of swimming facilities and the increased demand for them, continue to be matters of great concern. Many children still have no opportunity of learning to swim, and even in areas where swimming baths exist, the facilities are by no means adequate, especially for junior children. One school has raised sufficient money to build its own outdoor bath, and several others are considering this possibility.

For the first time, difficulty has been experienced in obtaining qualified staff in the secondary schools. As a result the work in some of them has suffered severely."

### MILK IN SCHOOLS AND SCHOOL MEALS SERVICE

The following information has been supplied by the Chief Education Officer :—

" A day in October 1958.

*Meals :*

*Dinners*

Free .. .. . 1,569

On payment .. .. . 30,378

*Breakfasts* .. .. . 424

*Teas* .. .. . 424

Numbers of Departments having meals  
(All schools in the county receive meals) .. .. . 325

*Milk*

Number of children who receive  $\frac{1}{3}$  pint .. .. . 48,957

Number of children who receive  $\frac{2}{3}$  pint .. .. . 80

All schools in the County receive a supply of milk.

6,581 children in 61 Independent Schools also receive  $\frac{1}{3}$  pint milk daily under the milk-in-schools scheme.

Number of pupils in Primary and Secondary  
Schools .. .. . 59,796

Number of pupils in Nursery Schools .. .. . 35

(These figures are actual attendance figures for a day in October 1958, but do not represent the full possible attendance roll).

*All the above figures include the Excepted District of Oldbury."*

## HANDICAPPED PUPILS

The work involved in discovering and then making appropriate medical and educational arrangements for handicapped pupils has continued.

Children, with disabilities, who can benefit from ordinary schooling do so and it is only when handicaps are so severe as to preclude this that special schooling is considered.

Although residential special schooling is expensive (the average annual cost per pupil is about £300) the benefits to the boy or girl concerned, and to the community are in the great majority of cases well worth while. One cannot express human happiness in terms of pounds, shillings and pence.

The Royal School for Deaf Children in Birmingham has completed a survey of its school leavers of the last ten years and the results are encouraging. Of 79 boys traced, 76 were in full employment and there were special circumstances to account for the three out-of-work cases. 74 of the 76 were paid normal rates and the two exceptions had additional disabilities.

Some of those children were released from a certain prospect of deaf-mutism to become fully participating members of the community. Special educational treatment, properly provided for those who need it and can benefit from it, is good business too.

The opening of Halesbury Day Special School for educationally subnormal boys and girls in September is a welcome step forward in the provision of special educational treatment for those educationally subnormal children who are within daily reach of the school and who do not require boarding school care.

The following tables show the position at the end of the year of the seriously handicapped children of the County :—

During the calendar year ended 31st December, 1958	(1) Blind (2) Par- tially sighted		(3) Deaf (4) Par- tially Deaf		(5) Delicate (6) Physi- cally Han- dciapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epileptic	TOTAL (1)-(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped pupils <i>newly placed</i> in special schools or boarding homes .. .. .	—	—	5	4	4	3	76	6	1	99
B. Handicapped pupils <i>newly assessed</i> as needing special educational treatment at special schools or in boarding homes .. .. .	3	2	1	1	2	1	51	6	2	69
C. Number of Handicapped pupils from the area :—										
(i) on the registers of special schools as										
(a) day pupils .. .. .	1	3	4	4	—	6	58	—	—	76
(b) boarding pupils ..	18	10	22	8	7	25	133	4	7	234
(ii) on the registers of independent schools under arrangements made by the Authority ..	—	—	—	—	—	4	—	4	—	8
(iii) boarded in homes and not already included under (i) or (ii) .. .. .	—	—	—	—	—	—	—	—	—	—
TOTAL C .. .. .	19	13	26	12	7	35	191	8	7	318
D. being educated under arrangements made under Section 56 of the Education Act, 1944										
(i) in hospitals .. .. .	—	—	—	—	—	—	—	—	—	—
(ii) in other groups ( <i>e.g.</i> , units for spastics, convalescent homes) ..	—	—	—	—	—	—	—	—	—	—
(iii) at home .. .. .	—	—	—	—	1	20	5	—	5	31
E. requiring places in special schools										
(i) TOTAL (a) day .. .. .	—	1	—	2	—	2	83	—	—	88
(b) boarding .. .. .	3	2	—	—	4	3	73	—	1	86
Pupils <i>included</i> in the totals above—										
(ii) who had not reached the age of 5 :—										
(a) awaiting day places	—	1	—	—	—	—	—	—	—	1
(b) awaiting boarding places .. .. .	3	1	—	—	—	1	—	—	—	5
(iii) who had reached the age of 5 but whose parents had refused consent to their admission to a special school :—										
(a) awaiting day places	—	—	—	—	—	1	8	—	—	9
(b) awaiting boarding places .. .. .	—	—	—	—	1	—	45	—	—	46
F. on the registers of hospital special schools .. .. .							9			
G. Number of children reported during the year :—										
(a) under Section 57 (3) (excluding any returned under (b) )							29			
(b) under Section 57 (3) relying on Section 57 (4) .. .. .							—			
(c) under Section 57 (5) .. .. . of the Education Act, 1944.							15			

INDEPENDENT SCHOOLS USED BY THE LOCAL EDUCATION AUTHORITY UNDER SECTION 6 OF THE EDUCATION (Miscellaneous Provisions) ACT, 1953, IN RESPECT OF HANDICAPPED PUPILS DURING 1958

Full Name and Address of School (1)	Whether for Boys, Girls or both (2)	Number of pupils whose fees are being paid in whole or part by the L.E.A. (3)	Category of handicap of each pupil in col. (3) (4)	Age range of pupils in col. (3) (5)	ANNUAL rate of payment by L.E.A. per pupil (6)
Dr. Barnados Home for P.H. Children, Warlies, Walton Abbey, Essex .. ..	Boys	1	P.H.	13	£312
Douglas House, Malvern ..	Girls	1	P.H.	15	£61 8s 6d
St. Mary's, Bexhill-on-Sea ..	Both	1	P.H.	13	£252
Gardenhurst Manor House, Burnham on Sea .. ..	Girls	1	P.H.	12	£294
Shotton Hall, Harmer Hill, Bridgnorth, nr Shrewsbury	Boys	1	Maladjusted	16	£459
Bodenham Manor, nr. Hereford .. ..	Boys	1	Maladjusted	12	£436
Camphill House, Milltimber, Aberdeenshire .. ..	Girls	1	Maladjusted	8	£307 10s 0d
Murtle House, Bielside, Aberdeenshire .. ..	Boys	1	Maladjusted	13	£307 10s 0d

The following table gives particulars of all handicapped pupils in the County :—

Category	New cases ascertained	Cases removed from register	Remaining on register at end of year	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	Not at school (under age, excluded or receiving home tuition)	No. awaiting admission to special schools)
Blind .. .. .	3	3	23	0.35	18	2	3	3
Partially sighted .. .. .	5	5	32	0.49	13	16	3	3
Deaf .. .. .	1	4	28	0.43	26	1	1	—
Partially Deaf .. .. .	18	10	66	1.02	12	53	1	2
Delicate .. .. .	4	11	43	0.66	7	35	1	4
Physically handicapped .. .. .	20	28	201	3.11	45	131	25	5
Educationally sub-normal	93	112	537	8.32	191	339	7	156
Maladjusted .. .. .	6	3	8	0.12	8	—	—	—
Epileptic .. .. .	7	13	30	0.46	7	18	5	1
Total .. .. .	157	189	968	15.00	327	595	46	174



## RHYDD COURT RESIDENTIAL SPECIAL SCHOOL

The following report has been given by the Chief Education Officer :—

“ The school continues to make satisfactory progress. Reports of steadily improving standards of academic work have been particularly encouraging. The same can be said of the practical work, notably in pottery and woodwork.

The year has not been without its staffing problems, due partly to housing difficulties. The appointment of part-time staff has gone some way towards filling gaps in the permanent establishment, and credit is due to the willing and energetic way in which the headmaster and existing full-time members of staff have shouldered the extra burden. Nevertheless, the Education Committee have recognised that difficulties in filling vacancies in the permanent establishment will continue unless the residential accommodation for full-time teachers is augmented. Already they have completed the provision in the existing building of two flats. In addition, they have obtained the Ministry of Education's approval to the construction of two houses, work on which has now started.

The annual Sports Day on 12th July proved to be very successful despite the necessity to reduce the programme of events owing to the waterlogged condition of the grounds. A very high standard of performance was evident in the various gymnastic displays.

The occasion was marked by the launching of an appeal by the Headmaster to parents and friends of the school for donations towards the cost of providing a simple “ teaching ” swimming bath (about 45 feet x 15 feet). The cost (about £300 for materials) will be met partly by donations and partly by profits from various school activities, and the labour will be provided by the staff and boys of the school. The Education Committee have made a grant of £30 to enable site preparations and drainage to start this year, and already there has been a very good response to the appeal for funds. It is hoped that the bath will be ready for use in the summer of 1959.

Thanks are again due to the managers (Chairman : Lady Lechmere) and to the headmaster (Mr. A. E. Long) and his staff for their tireless and enthusiastic work in this important and special field of education.”

## HALESBURY (Halesowen) NEW DAY SPECIAL SCHOOL

The following report has been given by the Chief Education Officer :—

“ This new day special school for educationally sub-normal children has been built on a pleasant site in Feldon Lane (off Long Lane), Blackheath. It contains an assembly hall/dining room ; 5 classrooms ; a woodwork room ; a domestic science room with bed-sitting room attached ; a garden room, greenhouse and potting shed ; changing rooms and showers, kitchen ; a medical inspection room ; and about 1½ acres of playing fields, playgrounds and gardens. It goes without saying that the children are taught under the best possible conditions in light, airy and attractive buildings.

The school is designed to take 100 boys and girls between the ages of 7 and 16 years, nearly all of whom will come from the boroughs of Oldbury and Halesowen. It opened on 15th September, 1958, with 49 on roll ; 32 of whom were from Oldbury (14 boys and 18 girls) and 17 from Halesowen (11 boys and 6 girls). This number will increase as the process of ascertainment of educational sub-normality continues.

The Headmaster is Mr. N. A. Moore, who was trained as a teacher at Shenstone Training College and subsequently obtained a Diploma for the Teaching of E.S.N. children after a one-year course at the University of Birmingham. He has had substantial experience in teaching E.S.N. children and previous to his present appointment was Deputy Headmaster of St. Paul's School for E.S.N. children, Bootle, Lancashire.

Thanks are due to the managers (Chairman—Alderman J. F. Goode, O.B.E.), and to the Headmaster and his well-qualified staff for the promising start made at this school."

### CONVALESCENCE

The number of children who received convalescence was 32 compared with 57 in 1957.

31 of the children went to the Harmony Home, Teignmouth, and the other one to Heathcombe Brake Home, Devon. In all the cases the stay was for a period of three weeks.

The weekly maintenance rate was £4 17s 0d.

Convalescence is provided on a recommendation from the family doctor, hospital doctor or school doctor. It is most beneficial for children who are on the way to recovery after illness or accident, and who are likely to be fit for school after a short holiday in favourable surroundings. It is also provided as a preventive measure in selected cases.

Children who have more serious health problems which require longer therapy are usually sent to the Malvern Open Air School for a term—sometimes longer.

### SPEECH THERAPY

Miss D. M. Edwards, L.C.S.T., the Senior Speech Therapist, has submitted the following report :—

“ There has been some re-arrangement of clinics during the past year. With an overwhelmingly large waiting list it is essential that the Speech Therapy service should be as flexible as possible, so as to meet the demands made upon it. Clinics at Tenbury and Droitwich were closed in July and the extra time thus available was given to the provision of more Speech Therapy in Kidderminster and Bromsgrove. It is hoped to resume these clinics when further staff is available.

One of the major difficulties appears to be the provision of treatment for children in outlying rural districts. It is often almost impossible for those children to attend a clinic because of transport difficulties and with the present shortage of Speech Therapists it cannot be considered an economic proposition to provide treatment at schools. This would involve a great amount of time spent in travelling. Transport is of course available where there is an urgent need, but one cannot feel justified in asking for this in every case."

### TYPES OF SPEECH DEFECT TREATED

	Oldbury	Kidderminster	Bromsgrove	Malvern	Stourbridge	Evesham	Wythall	Rhydd Court	Redditch	Halesowen	Pershore	Worcester	Droitwich (closed)	Tenbury (closed)	Stourport	TOTAL
Cases attending 31.12.58 ..	22	20	23	5	21	17	5	7	28	11	6	7	—	—	7	179
Discharged after satisfactory progress .. .. .	11	11	13	5	12	6	4	2	18	10	2	2	4	—	3	103
Discharged after some progress..	5	—	—	1	2	3	2	3	7	6	1	4	4	3	2	43
Left School or Area .. .. .	—	—	—	—	3	—	—	—	—	1	1	—	1	1	1	8
Ceased attending.. .. .	2	—	2	1	2	1	1	2	4	3	—	1	—	—	2	21
Total .. .. .	40	31	38	12	40	27	12	14	57	31	10	14	9	4	15	354
Waiting list .. .. .	94	62	63	35	119	94	5	—	44	37	19	39	17	10	12	650
GRAND TOTAL ..	134	93	101	47	159	121	17	14	101	68	29	53	26	14	27	1004
Total No. Treatments .. .. .	618	431	353	192	488	353	181	224	530	287	178	168	65	55	163	4286

	Articulation <i>e.g.</i> lisp	Communication <i>e.g.</i> stammer	Multiple <i>e.g.</i> Cleft Palate	Total
Oldbury .. .. .	13	23	4	40
Kidderminster .. .. .	14	15	2	31
Bromsgrove .. .. .	20	8	10	38
Malvern .. .. .	9	2	1	12
Stourbridge .. .. .	15	17	8	40
Evesham .. .. .	17	9	1	27
Wythall .. .. .	5	5	2	12
Rhydd Court .. .. .	5	8	1	14
Redditch .. .. .	33	18	6	57
Halesowen .. .. .	21	9	1	31
Pershore .. .. .	7	2	1	10
Worcester .. .. .	13	—	1	14
Droitwich .. .. .	6	2	1	9
Tenbury .. .. .	2	1	1	4
Stourport .. .. .	11	2	2	15

**SCHEME OF ADMINISTRATION OF HEALTH SERVICES—  
BOROUGH OF OLDBURY AND KIDDERMINSTER  
DIVISIONAL AREA**

The existing schemes of Divisional Administration for the Borough of Oldbury and for the Kidderminster area, which continued to work well, have been renewed subject to periodic review.

**MEDICAL EXAMINATION OF ENTRANTS TO COURSES  
OF TRAINING FOR TEACHING AND TO THE TEACHING  
PROFESSION**

The following table shows the number of medical examinations of student school teachers and school teachers carried out during the year in accordance with Ministry of Education Circular 249 :—

Entrants to Training Colleges (Form 4TRC) .. ..	88
Employment as Teachers by the Worcestershire Education Committee (Form 28 R.Q.) .. ..	82
Total (including Kidderminster and Oldbury Divisional Areas) .. .. .	170
The number of examinations in 1957 was .. ..	218

**NOTES FROM ANNUAL REPORTS OF SCHOOL MEDICAL  
OFFICERS**

*Dr. V. Pugh, Bromsgrove*

“ The School Medical Inspections in my area have worked smoothly during the past year. The lack of proper accommodation for the Medical Officer in some schools necessitating the inspections to be held at the Clinic is not wholly satisfactory—especially in Infant Schools where the children must be accompanied on the walk from school to Clinic by parents or teachers.”

*Dr. E. Patterson, Redditch*

“ School medical inspections have gone on smoothly during the past year. Parents usually attend with their children, and take a keen interest in the examination, and show a real desire to keep their children fit. The general health of the children is good, and there is very little uncleanliness or head infestation.”

*Dr. C. H. Phillips, Bromsgrove*

“ I wonder if it would be worth mentioning the excellent attendance of parents at school medical inspections in this district. It has been most gratifying in Worcestershire compared with my previous experience.”

*Dr. H. F. Green, Malvern*

“ Increase in the size of girls’ feet from eleven years upwards has become a feature of medical inspections. Impression is gained that this increase in the relative size and in particular in the width of children’s feet has been much more marked in the last three or four years than was the case previously. Very great difficulties are obviously encountered in obtaining shoes of suitable shape. The trend of modern fashion aggravates rather than alleviates this. Bunions are now fairly common in girls between the ages of twelve and sixteen. They are nearly all symptomless and appear to carry no disability for the time being. The problem of prevention is more than just the proper fitting of shoes.

There appears to be more children grossly overweight than in the past. Girls and boys have been seen who weigh as much as thirteen stone when their height indicates that they should not weigh more than nine or ten stone. Some of them appear to have developed a capacity for the almost continuous intake of food throughout their waking hours.”



WORCESTERSHIRE COUNTY COUNCIL

**KIDDERMINSTER DIVISIONAL AREA**

SCHOOL HEALTH SERVICE

REPORT OF THE  
DIVISIONAL SCHOOL  
MEDICAL OFFICER

FOR THE YEAR 1958

COLIN STARKIE, M.D., M.R.C.S., L.R.C.P., D.P.H., B.SC.,  
*(Divisional School Medical Officer).*

R. W. MARKHAM, B.A., M.B., B.CH., D.P.H.,  
*(Deputy Divisional School Medical Officer).*

WORCESTERSHIRE COUNTY COUNCIL.  
KIDDERMINSTER DIVISIONAL AREA.

ANNUAL REPORT OF THE DIVISIONAL MEDICAL OFFICER  
FOR THE YEAR 1958

*Divisional Office :* CALDWALL HALL,  
CASTLE ROAD,  
KIDDERMINSTER.

DIVISIONAL COMMITTEE :  
Mrs. E. R. Chadwick (Chairman).

*County Council Representatives :*

Alderman	R. R. Adam.
„	M. F. S. Jewell, C.B.E., J.P., D.L.
„	S. T. Melsom, O.B.E.
„	H. Parkes, J.P.
Councillor	J. E. Blundell Williams, M.B., M.R.C.S.
„	S. Goodwin.
„	Mrs. B. E. Hibberd.
„	J. G. Parker.

*Kidderminster Borough :*

Councillor	Mrs. M. W. Adams.
„	Mrs. E. B. Beatty.
„	D. Samuel.

*Bewdley Borough :*

Councillor	A. J. Howell.
„	Mrs. D. L. Lawrence.

*Stourport Urban District Council :*

Councillor	Mrs. A. Pratt.
„	Mrs. A. J. Millington.

*Kidderminster Rural District Council :*

Councillor	H. Doolittle.
„	A. Pardoe.

*Tenbury Rural District Council :*

Councillor	H. Bentham.
„	E. Evans.

*Co-opted Members :*

Mrs. T. H. Charles.  
Mrs. G. B. Evans.  
Mrs. A. Knight.  
Lady Lea.  
Mrs. M. J. Starkie, M.A., J.P.

*Clerk to the Committee :*  
Mr. J. L. Evans, M.A.



## STAFF

*As at December, 1958.*

*Divisional Medical Officer :*

COLIN STARKIE, M.D., Ch.B., M.R.C.S., L.R.C.P., B.Sc., D.P.H.

*Deputy Divisional Medical Officer :*

R. W. MARKHAM, B.A., M.B., B.Ch., D.P.H.

*Assistant School Medical Officer (Part-time) :*

GWEN SMITHSON CLARK, M.B., Ch.B., D.O.R.C.O.G., D.P.H.

*Ophthalmic Surgeons (Part-time) :*

I. LLOYD JOHNSTONE, M.C., M.D., D.O.

C. G. SINCLAIR, M.B., B.S., F.R.C.S.

*Medical Director, Child Guidance Clinic (Part-time) :*

J. J. GRAHAM, M.B., Ch.B., D.P.H.

*Dental Surgeons :*

C. W. D. JONES, B.D.S.

P. WALSH, B.D.S.

L. A. TRACE, L.D.S. (Part-time).

## SCHOOL NURSES, Etc.

*Kidderminster Borough.*

Mrs. S. M. Askew	..	..	School Nurse and Health Visitor.
Mrs. M. Beresford	..	..	Dental Attendant.
Miss A. W. Gaffney	..	..	School Nurse and Health Visitor. (Part-time).
Mrs. A. E. Hall	..	..	School Nurse and Health Visitor.
Miss J. Moralee	..	..	School Nurse and Health Visitor.
Mrs. E. M. Roden	..	..	Clinical Assistant.
Miss M. Steward	..	..	School Nurse and Health Visitor.
Miss M. J. Thomas	..	..	School Nurse and Health Visitor.

*Stourport, Bewdley and Wribbenhall.*

Miss L. M. Cartwright	..	..	School Nurse and Health Visitor.
Miss K. Keith	..	..	School Nurse and Health Visitor.
Miss J. E. Thomas	..	..	School Nurse and Health Visitor.
Miss P. Walton	..	..	Dental Attendant.

*Kidderminster Rural.*

Miss M. A. Buck	..	..	School Nurse, Health Visitor, District Nurse and Midwife.
Mrs. J. Deeming	..	..	School Nurse, Health Visitor, District Nurse and Midwife.
Miss F. Lewis	..	..	Dental Attendant.
Miss D. M. Strong	..	..	School Nurse, Health Visitor, District Nurse and Midwife.
Mrs. A. M. Towers	..	..	School Nurse, Health Visiting, District Nurse and Midwife.

*Tenbury Rural.*

Mrs. F. A. Allen	..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Mrs. M. C. Easson	..	..	School Nurse, Health Visitor, District Nurse and Midwife.
Miss E. Powell	..	..	School Nurse, Health Visiting, District Nurse and Midwife.
Miss U. M. Watson	..	..	School Nurse, Health Visiting, District Nurse and Midwife.

**ORTHOPAEDIC SISTER**

Mrs. K. J. Johnson.

**TUBERCULOSIS HEALTH VISITOR (Part-time) :**

Miss A. W. Gaffney.

**SPEECH THERAPISTS (Part Time)**

Miss D. M. Edwards.

Miss J. Normand.

**CLERICAL STAFF**

Miss M. M. French	..	..	Chief Clerk.
Miss V. J. Hunt	..	..	Assistant Clerk.
Miss P. J. Purcell	..	..	Assistant Clerk.
Miss V. J. Salmon	..	..	Assistant Clerk.
Mrs. E. M. Walton	..	..	Assistant Clerk.

*To the Chairman and Members of the Kidderminster Divisional Area Sub-Committee.*

Madam Chairman, Ladies and Gentlemen,

I have the honour of presenting my tenth Annual Report upon the Kidderminster Divisional School Health Service.

We have added satellites to the sun, we can travel more quickly than sound, our Atomic science can destroy us or supply us with unlimited power—but we still close our minds to the cause of 54 lung cancer deaths every day in our midst—to the misery of 34,500 illegitimate births in England and Wales, to the sorrow of about 19,000 cases of juvenile delinquency appearing before the Courts each year.

It is up to all of us as parents, teachers, doctors, religious leaders, and councillors, first of all to recognize these facts, and then to show our children how they can avoid this mass of misery.

In the body of this report two of the above problems, *i.e.* Sex Education and Cigarette smoking have been discussed in greater detail.

At the end of the year, Miss Baird, the School Nurse for Kidderminster Borough during the last 22 years, retired to marry and settle down in the town. She carries with her the good wishes of all who know her, and we all hope she will have a long happy married retirement.

The addition of the poliomyelitis vaccination campaign has thrown a great strain on the whole of the School Health Service, and some of the paper work is inevitably delayed. However, all the essential work has been carried out, and on the whole the schools and children are in very good condition.

The teaching staffs everywhere have been most friendly, and we thank them for their great help.

We thank the Divisional Area Sub-Committee and the County Education Committee for their ready understanding, encouragement and support.

Once more, for their cheerful, willing and efficient work, I thank all my Staff and those who have worked with me.

Yours obediently,

COLIN STARKIE,

Divisional Medical Officer.

Caldwall Hall,  
Kidderminster.

## THE SCHOOL POPULATION

There are now about 2,300 more school children in this Division than when it was constituted ten years ago. These welcome additions to our population require extra school places, extra work and play facilities, and more time spent on their health each year.

Additionally, there have been the B.C.G. testing and inoculations for the thirteen year old group, and then the three anti-poliomyelitis injections for which all groups at school were eligible.

This considerable increase in routine school health work has been carried out, but with some sacrifice made to the time spent on other duties.

## HEALTH EDUCATION

Parents' Associations, Young Wives' Groups, a Youth Club, and senior girls have held discussions with the Nurses and the School Medical Officers, on a wide range of subjects affecting young people.

## SEX EDUCATION

The programme for this work is by no means adequate enough, but during the last two years some progress has been made as follows :—

*Kidderminster High School*—annually for last five years.

Southall's film "Growing Girls" has been shown to New Parents, at the School and in the presence of the School Medical Officer. Discussions followed the film and the parents were asked to allow their 11 year old entrants to see the film during the ordinary biology lessons. All have accepted.

*Bewdley Secondary School.*

A Health Visitor carried out the following programme :—

A very brief course of Mothercraft and Sex Instruction was given to school leaving girls during the final half of their last term at School. This included two talks on the "Normal Baby," one on "Breast Feeding" and a talk about prophylaxis. The film strip "How a Family Begins" was used. A final talk was illustrated by the film strip "Good Grooming."

At the end of the course the girls were invited to write an essay called "Home making by Parents," for which a prize was given.

The Health Visitor remarked that the Teaching Staff were helpful and enthusiastic, the parents were willing to co-operate and the girls were approachable.

The County Medical Officer provided all the material needed :—bath, dolls, posters and film strips, etc.

*Harry Cheshire Secondary School for Girls.*

A Health Visitor has given a series of weekly talks to the "leavers" at this school, as follows :—

1. General and Personal Hygiene and film strip "Good Grooming"
2. How a family begins and film strip "Beginning of a Family."
3. Birth of a baby and flannelgraph demonstration and film strip "The Normal Delivery."
4. Films "Growing Girls," by Southalls, or "Story of Menstruation," by Kotex and "A Brother for Susan," by Southalls, followed by a discussion.

The School Medical Officer, the Health Visitor and Headmistress were present at this session and the following points were brought out :—

Social responsibilities of Sex.

Amount of illegitimacy in England and Wales—its results.

Danger of promiscuity.

Danger of Alcohol in this context.

Risks of immodest behaviour—effects on adolescent males.

Advantages of family life within the normal framework of society.

5. A session between the girls and Nurse *alone*—not individually—in which the nurse answered questions written anonymously by the girls. This last session is regarded as being very important, since we feel it cleared up some very misunderstood but vital questions.

*Youth Club.*

At the invitation of the Organiser, the School Medical Officer showed two films, "Growing Girls" and "A Brother for Susan," to about twenty "teenage girls." A lively discussion followed in which the points mentioned above were aired.

*College of Further Education*

A similar session to the one at the Youth Club was given to "teenage" girl students at this College.

*Red Cross Cadets.*

A film session as for the Youth Club was given.

NOTE :

All these talks were at the invitation of the Head Teachers or Organisers of Young People's Groups.

*Films and film strips used :—*

- Films :                   “ Growing Girls,”—Southalls.  
                               “ Brother for Susan,”—Southalls.  
                               “ Story of Menstruation,”—Kotex.
- Filmstrips :           “ Good Grooming,” by Ponds.  
                               “ Beginning of a Family,” by Camera Talks.  
                               “ The Normal Delivery,” by Camera Talks.
- Flannelgraph :       “ Birth of a Baby,” by C.C.H.E.

**REMOVAL OF TONSILS**

175 of the 2,146 children examined have had their tonsils removed, *i.e.* 8.1%. This shows the trend of recent years, which is to avoid tonsil operations unless there are very definite reasons for surgical action.

See table on page 57.

**TUBERCULOSIS**

This disease, so prevalent 50 years ago, was notified in only 2 children during the year.

There are now 19 children known to be suffering from tuberculosis, 12 have chest infections and 7 have tuberculosis in other parts of the body.

It is hoped that together with all other hygiene measures, B.C.G. will help to stamp out tuberculosis entirely.

In this connection, 1,103 thirteen year olds were offered Tuberculin testing, and if necessary B.C.G. inoculations. 88.7% accepted the Tuberculin Test and of these 11.1% gave a reaction ; showing that they already had encountered the tuberculosis germ and had acquired some immunity.

Those not reacting to the Tuberculin Test were inoculated with B.C.G.

See Table, page 57.

**CIGARETTE SMOKING**

In 1958, 19,809 men and women died from cancer of the lung or bronchus.

That is 54 dying of lung cancer EVERY DAY.

It is now known that heavy smokers are the chief victims of lung cancer.

How many more heavy smokers must become cancer's victims before we take active steps to prevent our own young people from becoming cigarette addicts ?

Although there has been a request from the Ministry of Health, to give active warnings about the danger of smoking, yet no organised discussions have taken place in the schools this year !

The School Medical Officers take every opportunity of bringing this serious danger to the notice of parents and pupils, but officially there is so little interest evident that there seems to be almost a conspiracy of silence at work.

Heavy smoking IS the main cause of lung cancer.

This is agreed in a 10,000 word B.M.A. report published on January 29th, 1958.

The Medical Research Council advised the Government that a "major part of the increase in lung cancer is associated with tobacco smoking !" June 1957.

The Government accepted the Medical Research Council's report and all Local Authorities were asked to inform the general public of the serious dangers and risks of heavy smoking.

The Ministry of Health circularised Local Authorities in August 1958 asking for a report on steps taken to bring the risks of smoking to the notice of the public.

What has been done so far ? In the schools there has been no organised campaign.

We have seen no posters in the streets except those extolling the wares of tobacco firms. Yet each day 54 of us die from cancer of the lung.

When will our intelligence begin to register and make us act to safeguard our own children from an appalling and premature death ?

### INFESTATION WITH VERMIN

All the children in the Division, *i.e.* 11,810 were inspected, and 740 were found to be infested with head lice. Most of these were light infestations only, but it is still far from ideal to find 6.2% children's heads to be lousy.

Work will continue ceaselessly until there are no verminous heads, but so long as we have slums, feckless parents and ignorance, there will be the hardest fight to achieve this result.

### FEET AND SHOES

All children examined at routine inspections have had their feet measured in relation to the shoes they were wearing.

In 20.8% the shoes were unsatisfactory, chiefly being too short.

In the older children, more often girls, the effects of these ill fitting shoes are apparent, as early bunions, damaged toe nails. formation of corns, and toe deformities.

For the smaller children, the shoe models available are very good, but there is still a real difficulty in obtaining a reasonably priced, well shaped shoe for the teenage girls.

Adult fashion has a very powerful effect, because teenagers inevitably want to be grown up, and copy the styles of their elders, who know only too well the crippling effect of pointed tight fitting shoes with small base and high heels.

See table, page 59.

Mrs. Johnson, the Orthopaedic Sister reports :—

“ In general, the Orthopaedic work has followed the same lines as in previous years.

#### *Footwear*

The commonest fault is still that many shoes, though of good quality are too short. The “ slip on ” type of shoe, popular amongst teenage girls may well be a contributory factor to the number of early Hallux Valgus and hammer toe deformities seen at school inspections.

#### *Posture*

After watching hundreds of children walking into halls for inspections, the general impression is one of untidiness. It is rare to see a class walk in with any degree of smartness. More emphasis on this during physical education periods should show a marked improvement.

In a few schools I have had short talks with senior girls on posture, care of the feet, and suitable footwear.

#### *After Care*

Children who have required treatment either in hospital or at an Orthopaedic Clinic, have been followed up at school and home. Remedial exercises have been taught where necessary and parents encouraged to see they are continued over the rather long period, which is necessary to show the desired result.”

### CHILDREN'S TEETH

The Dental Officers inspected 11,021 children and reported 9,144 as requiring treatment, *i.e.* 83%.

1,308 permanent teeth had to be extracted.

5,633 permanent teeth required filling, but with the present Staff all the work could not be carried out.

Dental disease is still the outstanding defect in our children.

There continues constant advise on good feeding habits, but the consumption of sticky, starchy foods on all and every free period steadily undermines the children's teeth.

This is made worse by a lack of sufficient fluorine in the water supply of Kidderminster Borough, which is ten times less than the amount recommended.



## VERRUCA PEDIS

In the Division, during the hygiene inspections the feet as well as the hair have been examined with the following results :—

111 new cases of contagious wart were discovered, of which 104 were treated by the School Medical Officers, and 7 by private practitioners.

74 cases were found in 9 senior schools, and

37 cases in the Junior schools.

73 girls and 38 boys were affected.

The care of these minor but painful afflictions is prolonged and time consuming, both for the children and medical staff. It is, therefore, of great importance to prevent the spread of these contagious warts as much as possible.

This we can only hope to do by insisting on changing room and shower floor cleanliness, and by making sure that pupils do no bare-foot physical education on infected surfaces.

## ROTARY BOYS' HOME, WESTON-SUPER-MARE

The generosity of the Kidderminster Rotary Club was extended to 24 boys during the year, when they were given a fortnight's holiday at the Rotary Boys' Home, Weston-Super-Mare.

These boys are from families which could not give them a holiday.

## CHILDREN AND YOUNG PERSONS ACT. EMPLOYMENT OF CHILDREN

120 children were examined prior to their employment. Unless they were adequately clothed, and wore good shoes, and were generally clean, and had clean teeth, the certificate for employment was withheld.

## STUDENT TEACHERS, ETC.

32 teachers and student teachers were medically examined and X-rayed before taking up new appointments, or entering training colleges.

## SCHOOL MEALS HELPERS

54 School Meals Helpers were medically examined before being accepted in the School Meals Service.

At these examinations the basic principles of hygiene are discussed, and the main points in the causation and prevention of food poisoning were explained.

## PSYCHIATRIC CLINIC

101 new cases attended during the year.

### IMMUNISATION AGAINST DIPHTHERIA

The numbers of school children immunised for the first time, or given re-inforcing doses, are shown by the District in the following table :—

District.	Immunised for first time Age 5—14.	Booster Dose
Bewdley Borough .. .. .	1	23
Tenbury Rural .. .. .	3	25
Stourport Urban .. .. .	6	75
Kidderminster Rural .. .. .	19	85
Kidderminster Borough .. .. .	99	262

### SPEECH THERAPY

The work of the Speech Therapists is summarised in the following table :—

Clinic	Articulation <i>e.g.</i> lisp.	Communication <i>e.g.</i> stammering.	Multiple <i>e.g.</i> Cleft Palates.	TOTAL
Kidderminster .. .. .	14	15	2	31
Stourport .. .. .	11	2	2	15
Tenbury .. .. .	2	1	1	4

	Kidderminster	Stourport	Tenbury
Cases attending 31.12.58 .. .. .	20	7	—
Discharged after satisfactory progress ..	11	3	—
Discharged after some progress .. .. .	—	2	3
Left School or Area .. .. .	—	1	1
Ceased attending .. .. .	—	2	—
TOTAL .. .. .	31	15	4
Waiting List .. .. .	62	12	10
GRAND TOTAL	93	27	14
Total No. of Treatments .. .. .	431	163	55

The following table shows the number of school children who underwent tonsillectomy 1958.

				No. Examined	Had Operation	Percentage
<i>Entrants :</i>	Boys	..	..	369	4	1.08
	Girls	..	..	413	5	1.21
	Total	..	..	782	9	1.15
<i>Intermediates :</i>	Boys	..	..	290	32	11.0
	Girls	..	..	224	27	12.0
	Total	..	..	514	59	11.4
<i>Leavers :</i>	Boys	..	..	312	41	13.1
	Girls	..	..	280	36	12.8
	Total	..	..	592	77	13.0
<i>Others :</i>	Boys	..	..	126	18	14.2
	Girls	..	..	132	12	9.0
	Total	..	..	258	30	11.6
<b>GRAND TOTAL</b>				2,146	175	8.1

### TUBERCULOSIS—Preventative Measures

Area.	No. Offered B.C.G.	% Accepted	Of those Accepting % T.T. Positive.	No. Vaccinated.
Kidderminster Borough .. ..	588	88.9	10.7	456
Stourport Urban .. ..	234	89.7	12.	182
Tenbury Rural .. ..	67	86.5	10.7	50
Bewdley Borough .. ..	108	89.8	5.2	91
Kidderminster Rural .. ..	106	85.8	15.5	76
<b>WHOLE DIVISION</b> .. ..	<b>1,103</b>	<b>88.7</b>	<b>11.1</b>	<b>855</b>

## 1958—HANDICAPPED PUPILS—POSITION 31st JANUARY, 1959.

Category	New cases ascertained	Remaining on register at 31.12.58	Incidence per 1,000 school population	No. at special schools	No. at ordinary schools	No. at Grammar school (Boarding)	Not at school (Under age excluded or receiving home tuition)	No. awaiting admission to special schools or classes on 31.1.59
Blind .. .. .		2	.16	2				
Partially Sighted .. .		1	.08		1			
Deaf .. .. .		5	.42	5				
Partially Deaf .. .. .	3	12	1.0		11		1	
Delicate .. .. .		4	.3		4			
Physically Handicapped		32	2.7	7	20		5	3
Educationally Subnormal	19	89	7.5	24	63		2	65
Maladjusted .. .. .	1	3	.25	2	1			1
Epileptic .. .. .		3	.25	1	2			
	23	151	12.7	41	102		8	69

## MALVERN OPEN AIR SCHOOL

28 children were admitted to Malvern Open Air School on account of the undermentioned conditions :—

CONDITIONS	Boys	Girls
Diseases of chest, including asthma, bronchiectasis and bronchitis .. .. .	4	—
General Debility .. .. .	6	4
Debility and Nasal Catarrh.. .. .	1	—
Debility and poor home care .. .. .	4	1
Nasal Catarrh .. .. .	1	—
Underweight .. .. .	—	1
Recommended by Dr. Graham .. .. .	1	1
Bronchitis and Debility .. .. .	2	2
TOTAL .. .. .	19	9

The following table shows the number of school children who wore unsatisfactory shoes.

		No. Examined	No. Un-satisfactory	Percentage
<i>Entrants :</i>	Boys .. .. .	369	93	25.2
	Girls .. .. .	413	76	18.4
	Total .. .. .	782	169	21.6
<i>Intermediates :</i>	Boys .. .. .	290	39	13.4
	Girls .. .. .	224	53	23.6
	Total .. .. .	514	92	17.9
<i>Leavers :</i>	Boys .. .. .	312	61	19.5
	Girls .. .. .	280	71	25.3
	Total .. .. .	592	132	22.1
<i>Others :</i>	Boys .. .. .	126	24	16.6
	Girls .. .. .	132	30	22.7
	Total .. .. .	258	54	20.9
GRAND TOTAL .. .. .		2,146	447	20.8

## SCHOOL BUILDINGS

In addition to routine internal and external maintenance carried out at schools, the following work has been executed.

SCHOOL	IMPROVEMENT
New Meeting .. .. .	Hot water to wash basins.
Sion Hill .. .. .	New Secondary School opened in September 1958.
Upper Arley .. .. .	New water borne sanitation and improvements. Playing field extension.
Blakedown .. .. .	Additional classroom built.
Stourport Junior .. .. .	Former Special Subject rooms converted into classrooms. School Meals Kitchen in course of erection.
Wilden .. .. .	Extension of site—layout of grounds proceeding.
Knighton on Teme .. .. .	Improvements and installing water borne sanitation.
Pensax .. .. .	Hot water to wash basins. New heating system
Stoke Bliss and Kyre .. .. .	Resurfacing of playground.

## SCHOOL BUILDINGS

The School Clinics now established at Stourport and Kidderminster continue to function regularly.

The Central Clinic in Kidderminster is used weekly as follows :—

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M. School Clinic. 9—10	School Clinic. 9—10	School Clinic. 9—10	School Clinic 9—12	School Clinic. 9—10	School Clinic.
Special Consult- ations.	Special Consult- ations.  Psychiatric Clinic.  Speech Therapy.	Special Consult- ations.	Occasional Ophthalmic Clinics.  Speech Therapy.	Speech Therapy	Special Consult- ations.
P.M. Ante- Natal Clinic.	Special Consult- ations.  Psychiatric Clinic.  Speech Therapy	Sewing Class.  Family Planning Clinic.	Infant Welfare Clinic.	Ophthalmic Clinic.	

Dental Sessions are held mornings and afternoons daily.

The Clinic is also used occasionally on week-day evenings and Sunday afternoons by :—

The Blood Transfusion Unit.

The Lip Reading Classes.

The Red Cross Society.

## SCHOOLS IN THE KIDDERMINSTER DIVISIONAL AREA

*Number of Registers for the Quarter—December 1958.*

## BOROUGH OF KIDDERMINSTER.

*Grammar Schools.**Number on Register.*

Kidderminster High	..	..	..	..	..	501
King Charles I.	..	..	..	..	..	369
						<hr/>
			Total	..	..	870
						<hr/>

*County Modern Schools*

Harry Cheshire Boys'	..	..	..	..	..	678
Harry Cheshire Girls'	..	..	..	..	..	611
Sladen Secondary	..	..	..	..	..	491
						<hr/>
			Total	..	..	1,780
						<hr/>

*Primary Schools.*

Lea Street Mixed	..	..	..	..	..	210
Lea Street Infants'	..	..	..	..	..	95
Bennett Street Mixed	..	..	..	..	..	382
Foley Park	..	..	..	..	..	349
St. Mary's Junior	..	..	..	..	..	208
St. Mary's Infants'	..	..	..	..	..	103
St. George's Mixed	..	..	..	..	..	238
St. George's Infants'	..	..	..	..	..	105
St. John's Boys'	..	..	..	..	..	63
St. John's Girls'	..	..	..	..	..	83
St. John's Infants'	..	..	..	..	..	84
Broadwaters	..	..	..	..	..	75
New Meeting	..	..	..	..	..	213
Birchen Coppice Infants'	..	..	..	..	..	211
Birchen Coppice Junior	..	..	..	..	..	505
Franché C.E.	..	..	..	..	..	75
Franché C.P.	..	..	..	..	..	264
St. Ambrose's Mixed	..	..	..	..	..	465
St. Ambrose's Infants'	..	..	..	..	..	133
Comberton Infants'	..	..	..	..	..	147
Comberton Junior	..	..	..	..	..	101
						<hr/>
			Total	..	..	4,109
						<hr/>



## KIDDERMINSTER RURAL DISTRICT.

*County Modern School.**Number on Registers.*

Sion Hill	..	..	..	..	..	..	408
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*Primary Schools.*

Chaddesley Corbett Mixed	..	..	..	..	..	..	78
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Trimpley	..	..	..	..	..	..	34
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Stone	..	..	..	..	..	..	66
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Churchill	..	..	..	..	..	..	27
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Upper Arley	..	..	..	..	..	..	65
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Wolverley	..	..	..	..	..	..	212
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Cookley	..	..	..	..	..	..	236
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Blakedown	..	..	..	..	..	..	92
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Far Forest	..	..	..	..	..	..	123
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Rock	..	..	..	..	..	..	29
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Total	..	..	..	..	..	..	1,370
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## BOROUGH OF BEWDLEY.

Bewdley County Modern	..	..	..	..	..	..	403
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Bewdley Junior	..	..	..	..	..	..	179
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Wribbenhall C.P.	..	..	..	..	..	..	142
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Wribbenhall C.E. Infants'	..	..	..	..	..	..	72
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Total	..	..	..	..	..	..	796
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## STOURPORT URBAN DISTRICT.

Areley Kings	..	..	..	..	..	..	158
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Stourport County Modern	..	..	..	..	..	..	986
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Stourport Junior Mixed	..	..	..	..	..	..	624
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Stourport Infants'	..	..	..	..	..	..	247
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Upper Mitton	..	..	..	..	..	..	58
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Wilden All Saints'	..	..	..	..	..	..	99
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Total	..	..	..	..	..	..	2,172
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## TENBURY RURAL DISTRICT.

*Number on Register.*

Bayton	..	..	..	..	..	..	63
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Bockleton	..	..	..	..	..	..	21
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Eastham and Hanley	..	..	..	..	..	..	52
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Knighton on Teme	..	..	..	..	..	..	38
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Lindridge	..	..	..	..	..	..	42
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Pensax	..	..	..	..	..	..	33
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Stoke Bliss and Kyre	..	..	..	..	..	..	35
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Tenbury Infants'	..	..	..	..	..	..	65
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Tenbury Junior	..	..	..	..	..	..	124
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Tenbury Secondary	..	..	..	..	..	..	240
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Total	..	..	..	..	..	..	713
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## SUMMARY.

Kidderminster Borough	..	..	..	..	6,759
Kidderminster Rural District	..	..	..	..	1,370
Bewdley Borough	..	..	..	..	796
Stourport Urban District	..	..	..	..	2,172
Tenbury Rural District..	..	..	..	..	713
			TOTAL ..	..	<u>11,810</u>

**APPENDIX TO REPORT OF SCHOOL MEDICAL OFFICER  
For Year Ended 31st December, 1958.**

**STATISTICAL TABLES.**

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS.**

*A. Periodic Medical Inspections.*

Age Groups Inspected (By Year of Birth)	No. of Pupils Inspected.	Physical Condition of Pupils Inspected.			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)
1954 and later.	—	—	—	—	—
1953	364	364	100%	—	—
1952	418	415	99.3%	3	.7%
1951	30	30	100%	—	—
1950	30	30	100%	—	—
1949	20	20	100%	—	—
1948	58	57	98.3%	1	1.7%
1947	456	454	99.6%	2	.4%
1946	164	163	99.39%	1	.61%
1945	14	13	92.85%	1	7.15%
1944	192	192	100%	—	—
1943 and earlier	400	398	99.5%	2	.5%
TOTAL ..	2,146	2,136	99.5%	10	.5%

**B. PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS** (excluding Dental Diseases and Infestation with Vermin.

Age Groups Inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II.	Total individual pupils.
1954 and later ..	—	—	—
1953 .. .. .	7	35	42
1952 .. .. .	—	58	58
1951 .. .. .	—	1	1
1950 .. .. .	5	4	8
1949 .. .. .	—	2	2
1948 .. .. .	5	10	16
1947 .. .. .	40	68	100
1946 .. .. .	15	20	33
1945 .. .. .	3	3	5
1944 .. .. .	25	31	53
1943 and earlier ..	53	72	113
<b>TOTAL .. ..</b>	<b>154</b>	<b>304</b>	<b>431</b>

**C. OTHER INSPECTIONS**

No. of Special Inspections .. ..	607
No. of Re-Inspections .. ..	902
<b>Total .. ..</b>	<b>1,509</b>

**D. INFESTATIONS WITH VERMIN**

Total Number of individual examinations of pupils by school nurses or other authorised persons 22,362

Total number of individual pupils found to be infested , .. .. . 740

Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) .. .. . Nil

Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944) .. .. . Nil

**A. DEFECTS FOUND BY MEDICAL INSPECTION DURING  
THE YEAR 1958**

Defect or Disease.	Entrants.		Leavers.		Others.		Total.	
	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
Skin .. .. .	5	4	34	2	18	1	57	7
Eyes. <i>a.</i> Vision ..	7	23	78	6	69	17	154	46
<i>b.</i> Squint ..	18	3	1	—	7	1	26	4
<i>c.</i> Other ..	3	—	2	1	8	2	13	3
Ears. <i>a.</i> Hearing ..	2	3	1	—	3	3	6	6
<i>b.</i> Otitis Media	6	—	1	—	3	2	10	2
<i>c.</i> Other ..	2	8	4	4	4	1	10	13
Nose and Throat ..	9	42	6	2	7	12	22	56
Speech .. .. .	2	4	—	—	2	—	4	4
Lymphatic Glands ..	4	20	—	2	1	1	5	23
Heart .. .. .	4	1	2	1	4	3	10	5
Lungs .. .. .	7	9	1	3	5	6	13	18
Developmental.								
<i>a.</i> Hernia .. ..	3	3	—	—	—	—	3	3
<i>b.</i> Other .. ..	2	2	8	3	6	3	16	8
Orthopaedic.								
<i>a.</i> Posture .. ..	—	2	13	4	11	1	24	7
<i>b.</i> Feet .. .. .	10	15	13	3	14	10	37	28
<i>c.</i> Other .. ..	7	4	7	1	7	5	21	10
Nervous System.								
<i>a.</i> Epilepsy .. ..	—	1	1	—	2	—	3	1
<i>b.</i> Other .. ..	8	9	1	2	4	4	13	15
Psychological.								
<i>a.</i> Development ..	—	2	1	—	—	3	1	5
<i>b.</i> Stability .. ..	—	—	—	—	—	2	—	2
Abdomen .. .. .	1	—	—	1	—	1	1	2
Other .. .. .	6	17	12	1	13	7	31	25

## B. SPECIAL INSPECTIONS

Defect or Disease.	Special Inspections.	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin .. .. .	151	—
Eyes. <i>a.</i> Vision .. .. .	29	—
<i>b.</i> Squint .. .. .	3	—
<i>c.</i> Other .. .. .	5	—
Ears. <i>a.</i> Hearing .. .. .	1	1
<i>b.</i> Otitis Media .. .. .	—	—
<i>c.</i> Other .. .. .	12	2
Nose and Throat .. .. .	10	1
Speech .. .. .	3	2
Lymphatic Glands .. .. .	4	—
Heart .. .. .	1	1
Lungs .. .. .	5	1
Developmental.		
<i>a.</i> Hernia .. .. .	1	—
<i>b.</i> Other .. .. .	2	—
Orthopaedic.		
<i>a.</i> Posture .. .. .	2	—
<i>b.</i> Feet .. .. .	25	7
<i>c.</i> Other .. .. .	5	—
Nervous System.		
<i>a.</i> Epilepsy .. .. .	3	1
<i>b.</i> Other .. .. .	22	—
Psychological.		
<i>a.</i> Development .. .. .	2	—
<i>b.</i> Stability .. .. .	17	1
Abdomen .. .. .	—	—
Other .. .. .	25	2

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS**

**DISEASES OF THE SKIN** (Excluding uncleanliness, for which see Table III).

Disease.	Number of cases known to have been treated.
Impetigo .. .. .	5
Other skin Diseases .. .. .	236
Total .. .. .	241

**EYE DISEASE, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with.
External and other excluding errors of refraction and squint .. .. .	18
Errors of Refraction (including Squint) ..	460
Total .. .. .	478
Number of Pupils for whom spectacles were prescribed .. .. .	393

**CHILD GUIDANCE TREATMENT**

	Number of cases known to have been treated.
No. of new pupils treated at Child Guidance Clinic .. .. .	101

**SPEECH THERAPY**

	Number of cases known to have been treated.
No. of pupils treated by Speech Therapist ..	50

**OTHER TREATMENT GIVEN**

	Number of cases known to have been treated.
Miscellaneous minor ailments .. .. .	103
Pupils who received convalescent treatment under School Health Service arrangements	4
Pupils who received B.C.G. Vaccination ..	1,006

TABLE V.

**DENTAL INSPECTION AND TREATMENT CARRIED OUT  
BY THE AUTHORITY**

Number of Pupils inspected by the Authority's Dental Officers.					
(a) Periodic age groups	..	..	..	..	9,977
(b) Specials	..	..	..	..	1,044
Total					11,021
Number found to require treatment	..	..	..	..	9,144
Number referred for treatment	..	..	..	..	7,003
Number actually treated	..	..	..	..	3,790
Attendances made by pupils for treatment	..	..	..	..	7,538
Half days devoted to : Inspection	..	..	..	..	57
Treatment	..	..	..	..	1,043
Total					1,100
Fillings : Permanent Teeth	..	..	..	..	5,633
Temporary Teeth	..	..	..	..	729
Total					6,362
Number of teeth filled : Permanent Teeth	..	..	..	..	4,890
Temporary Teeth	..	..	..	..	726
Total					5,616
Extractions : Permanent Teeth	..	..	..	..	1,308
Temporary Teeth	..	..	..	..	2,989
Total					4,297
Administration of general anaesthetics for extractions	..	..	..	..	582
Other operations : Permanent Teeth	..	..	..	..	1,222
Temporary Teeth	..	..	..	..	189
Total					1,411







BOROUGH OF OLDBURY

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# ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1958

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**Borough School Medical Officer:**

HENRY TABBUSH, M.B., Ch.B., D.P.H

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The Midland Printing Co., Ltd., Simpson Street, Oldbury



# BOROUGH OF OLDBURY

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## OLDBURY COMMITTEE FOR EDUCATION.

### Representative Members:

#### ALDERMEN:

B. T. ROBBINS, J.P., C.C., *Chairman.*  
 J. W. BRIGHT, J.P., C.A.  
 A. GUNN, C.C.  
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 F. W. THOMPSON, J.P.

#### COUNCILLORS:

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W. CARTER.	G. H. PRICE.
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F. GUEST.	T. STARKIE.
Mrs. E. M. J. GUNN, J.P., C.C.	B. H. TARR.
Mrs. D. M. HOLLYOAKE.	

#### Obituary.

Councillor W. HAYES, C.C.  
 Died 17th August, 1958.

### Nominated Members:

COUNCILLOR J. D. BEARD, M.B.E., C.C.  
 DR. F. E. DAWES.  
 Mrs. E. M. GOODE, C.C.  
 ALDERMAN J. F. GOODE, O.B.E., C.C.,  
*Vice-Chairman.*

### Appointed Members:

MISS E. L. JAMES.  
 MR. P. H. LOWE.  
 MR. W. PEARCE.  
 MR. F. WESTON.

## SCHOOL ATTENDANCE AND CHILDREN'S CARE SUB-COMMITTEE.

COUNCILLOR Mrs. R. STARKIE, *Chairman.*

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#### COUNCILLORS:

L. W. CARTER.	Mrs. D. M. HOLLYOAKE.
W. CARTER.	Mrs. E. PINE.
Mrs. M. E. GARRATT, J.P.	G. H. PRICE.
F. GUEST.	B. H. TARR.
Mrs. E. M. J. GUNN, J.P., C.C.	

**Nominated Members:**

MRS. E. M. GOODE, C.C.  
ALDERMAN J. F. GOODE, O.B.E., C.C.

**Appointed Members:**

MISS E. L. JAMES.  
MR. W. PEARCE.

**STAFF:****School Medical Officer:**

HENRY TABBUSH, M.B., Ch.B., D.P.H.

**Deputy School Medical Officer:**

D. M. BLOMFIELD, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H.  
(Resigned 4.6.58).

G. R. THORPE, M.B., Ch.B., D.P.H. (Commenced 1.9.58).

**Ophthalmic Surgeon:**

GUY F. G. SIGGINS, M.R.C.S., L.R.C.P., D.O.M.S.

**Dental Surgeons:**

JAMES RODGERS, D.F.M., L.D.S., R.F.P.S. (G.),  
ALMA M. FACER, L.D.S. (Part-time).

**Senior School Nurse:**

MISS M. R. CLARKE.

**School Nurses:**

MISS H. STANSFIELD.	MISS A. LEANDRI (Commenced 1.1.58).
MISS B. LAMB.	MISS E. A. HASTIE (Commenced 1.1.58).
MISS M. LEE	
MISS G. N. DAWSON.	

**Chief Clerk:**

S. ASTLEY.

**Senior Clerk:**

T. K. BOSTON.

**Clerks:**

MRS. D. M. EGGINTON.	MISS E. YORK.
MRS. P. YATES.	MISS I. THOMAS.
	(Resigned 30.9.58).
MISS S. PARTINGTON.	MISS J. A. SMITH (Commenced 14.7.58).

**Dental Attendants:**

MISS A. E. SMITH.	MISS S. R. CROMBIE
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## BOROUGH OF OLDBURY

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### To the Chairman and Members of the Oldbury Committee for Education.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my report on the School Health Service for the year 1958.

#### **General.**

The health of the children was very well maintained during the year. Out of nearly 3,500 children examined only 30 were classified as unsatisfactory. One child in three is having school dinners and there was an increase of 2,000 in the meals provided free of charge. There is no evidence of malnutrition among the school children. On the contrary, a problem with which we are frequently faced nowadays is that of the over-fat child—usually as a result of over indulgence in sweets and pastries. Appropriate medical treatment by drugs and dieting has resulted in restoring the weight of many of these children to within normal limits with great benefit to their health, but these results have only been achieved where there has been full co-operation from the child's parents in the treatment.

While the physical health of the children continues to be satisfactory it has been possible to devote more attention to their mental health. Time and again one finds that a child's maladjustment is related to some minor mismanagement of family relationship and could have been avoided if appropriate advice had been taken earlier. Healthy psychological relationships within the family should have been established during the child's formative years at home so that the transition to the much larger community of the school will not present any difficulty. Persistent bed wetting is often the result of the child's failure to make the necessary adjustments to the frightening world outside his home or sometimes to circumstances within the home. It is a preventable condition, but when the habit has become established and continues after the child commences school a method of treatment making use of an alarm bell has been found to be effective in some cases. This form of treatment is now available to Oldbury school children.

### **Periodic Medical Inspection.**

The figures shown in the table reflect the change over, which commenced in the Michaelmas term, to an inspection at 10 years in place of inspections at 9 and 11 years as previously carried out. In the future, routine medical inspections will be carried out on entry into school, at 10 years of age and during the last year at school.

### **Halesbury School.**

This new day special school for educationally subnormal children took in its first pupils in September, 1958. In due course it will accommodate 100 children from Halesowen and Oldbury and at the end of the year there were 28 Oldbury children in attendance. For those of us who have seen these children at their previous schools, the improvement in their outlook and behaviour which has been effected by a few weeks at Halesbury has been truly remarkable. There can be no doubt of the value of this special type of education both in making the most of the child's abilities and aptitudes and also in removing feelings of inferiority and helplessness so often experienced by these children in ordinary schools.

### **Poliomyelitis Vaccination.**

Adequate supplies of vaccine were made available during the year and a concerted effort resulted in the immunisation of nearly 7,000 of the 8,500 children in the schools with a minimum of interference with normal school activities. In achieving this result the helpful co-operation of the Head Teachers was essential and is acknowledged with gratitude. Indeed, if relations between the schools and the School Health Service can be taken as an indication of its value, there is no doubt that the service is fully appreciated. Head Teachers have ensured that the children derived the maximum benefit from the service and on many occasions have referred children with physical and psychological problems for our advice and assistance. In addition we have been able to assist in investigating cases of prolonged absence from school.

### **Tuberculosis.**

At the end of 1957 in the light of information received that a temporary teacher suffering from pulmonary tuberculosis had been teaching in a junior school, arrangements were made for an immediate survey by Mass Miniature Radiography of all possible contacts. As a result two children were discovered to have early pulmonary tuberculosis. Another child from the school was admitted

to hospital suffering from tuberculosis of a bone of the foot. Although fortunately rare, this incident illustrates the necessity for constant vigilance over the health of all those in contact with the children in the schools.

### **Tonsils and Adenoids.**

The delay in the treatment of children requiring removal of tonsils and adenoids became more obvious during the year and led to representations being made to the Hospital Management Committee. The appointment of additional staff is being considered. By the end of the year 61 children had undergone the operation for removal of tonsils and adenoids, compared with 84 the previous year and 124 in 1956. For the majority of children, tonsillectomy need never be considered; in others, although the tonsils become frequently infected, it is often possible by prompt treatment to render an operation unnecessary. But there remain a proportion of children whose constantly infected tonsils and associated hearing defects lead to much ill-health and frequent absences from school. It is in this type of child that delays in treatment should be avoided.

### **Dental Health.**

While much useful treatment has been carried out, much has had to be left undone. The difficulties are described in his report by Mr. Rodgers, the Divisional Dental Officer, who also indicates the action that must be taken if we are to achieve the dental health of our children.

### **Rotary Boys' House.**

Each year my report contains the information that close on 50 pupils have been enabled to spend a fortnight at Weston-super-Mare. Perhaps it should be made known that every boy is accompanied to the railway station, and that the cost of his fare and of his fortnight's holiday are met by the Club. This service is very much appreciated by the boys who have been able to benefit and by the Head Teachers and others who recommend suitable boys.

Unfortunately there are no equivalent facilities for girls.

### **Accidents.**

There is a good deal of evidence to show that the majority of accidents suffered by young children, both at home and on the roads, are associated with inadequate maternal supervision. In a few cases this may be due to a mother not having sufficient intelli-

gence to instruct her children to avoid well known hazards, but in the majority of cases accidents happen to children of larger families, in over-crowded homes or where sickness of the mother or her preoccupation with sickness in a member of the family has interfered with her normal supervision of the children's activities. Training in accident prevention in schools has been of great value, especially in helping to reduce road accidents, but much remains to be done in training children in their formative years at home to avoid unnecessary risks. No mother wishes her child to have an accident, and after an accident has occurred there is nothing to be gained by apportioning the blame, but parents should realise that they have the responsibility for educating their children about such basic things as the dangers facing them in the home and on the road.

### **Staff.**

Once again I would like to express my appreciation of the helpful co-operation and support I have received from the Chairman and Members, from the Education Officer and his Staff, and from the Teachers. To the Staff of the School Health Service — Medical, Dental, Nursing and Clerical — I would like to express my sincere gratitude.

I am,

Mr. Chairman, Ladies and Gentlemen,  
Your obedient servant,

H. TABBUSH,  
Borough School Medical Officer.

Greenwood Avenue, Langley,  
Oldbury.

March, 1959.



## SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1958	No. on Roll at 31-12-58	Accom- modation in each Dept.
Oldbury Grammar ... ..	568	579	530
Secondary Technical ... ..	187	189	120
Albright Secondary Modern Boys' ...	401	418	480
Albright Secondary Modern Girls' ...	409	445	480
Bristnall Hall Secondary Modern Boys'	441	468	520
Bristnall Hall Secondary Modern Girls'	475	509	480
Perryfields Secondary Mixed ... ..	460	516	480
St. Michael's C. of E. Secondary Modern ... ..	256	276	320
Bleakhouse Primary Junior Mixed ...	275	265	320
Brandhall Primary Infant and Junior	485	487	350
Castle Road Primary Infant & Junior	340	321	390
Causeway Green Junior Mixed ... ..	339	331	320
Causeway Green Infants' ... ..	218	194	240
Church of England Primary Infants'	79	66	120
Good Shepherd C. of E. Primary Junior Mixed ... ..	253	259	240
Moat Farm Primary Boys' ... ..	254	229	320
Moat Farm Primary Girls' ... ..	267	232	320
Moat Farm Primary Infants' ... ..	225	207	320
Perryfield Junior ... ..	330	328	320
Rood End Primary Junior Mixed ...	366	363	385
Rood End Primary Infants' ... ..	191	169	280
Rounds Green Primary Junior Mixed	296	281	480
Rounds Green Primary Infants' ...	134	119	270
St. Francis Xavier's R.C. Infant and Junior ... ..	204	199	200
St. Hubert's R.C. Infant and Junior	349	332	320
Titford Road Primary Boys' ... ..	186	174	280
Titford Road Primary Girls' ... ..	191	177	280
Titford Road Primary Infants' ...	152	142	320
Warley Primary Infants' ... ..	163	143	270
Totals ... ..	8,494	8,418	9,755

## SCHOOL CLINICS.

CLINIC	OLDBURY Tabernacle School	LANGLEY "The Hollies," Joinings Bank	WARLEY Bleakhouse Rd.
Minor Ailment Clinic	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.	Mon.—Fri. 9-0—9-30 a.m.
Ultra Violet Light*	Mon. 10-0 a.m.	Tues. 2-0 p.m.	Wed. 10-0 a.m.
Speech Therapy *	—	Mon. 9-0—12-0 noon 2-0—4-0 p.m.	—
Ophthalmic *	—	—	Fri. 10-0—12-0 noon Alternate Wed. 1-30 p.m.
Orthoptic *	—	—	Fri. 9-0—12-30 p.m. 1-30—5-0 p.m.
Dental	Mon. 9-0—12-0 noon 1-30—4-30 p.m. Thurs., Fri. and Sat. 9-0—12-0 noon	—	Mon., Tues., Wed. and Fri. 9-0—12-0 noon 1-30—4-30 p.m.
Investigation *	—	Sat. 9-0—12-0 noon	—
Child Guidance *	—	—	Mon. 10-0—4-0 p.m.

\* Clinics—By appointment only.

## PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

		1958	1957	1956	1955	1954
Age Group—	5 years	... 786	760	691	747	859
	9 "	... 772	824	869	811	810
	10 "	... 294	—	—	—	—
	11 "	... 673	827	841	878	841
	14 "	... 773	713	663	595	618
	15 and over	... 181	145	144	142	129
Other Periodic	...	... —	222	279	378	288
	Totals	3,479	3,591	3,487	3,551	3,545

In addition 1,210 defects from previous inspections were re-examined and 91 were referred for treatment.

3,084 re-inspections were carried out as follows:—

	No. of Children Re-Inspected
Re-inspection of Defects ... ..	1,210
Attendances at Ear, Nose and Throat Clinics ...	20
Attendances at Investigation Clinics ... ..	91
Edgmond Hall Camp School (F.F.I. examinations) ... ..	660
Malvern Open-Air School .. ..	47
Weston-super-Mare Rotary Boys' House ...	47
Employment of Children ... ..	103
Mental Tests and Examinations ... ..	60
Re-inspections at Ophthalmic Clinics ... ..	710
Re-inspections at Minor Ailment Clinics ...	62
Re-inspections at Sunlight Clinics ... ..	74
Total ...	3,084

Of the 93 Pre-School children examined the following defects were referred for treatment:—

Skin defects ... ..	1
Eye defects ... ..	—
Ear defects ... ..	—
Nose and Throat ... ..	1
Speech ... ..	—
Lymphatic glands ... ..	—
Heart and circulation ... ..	—
Lungs ... ..	1
Developmental ... ..	—
Orthopædic ... ..	—
Nervous system ... ..	—
Psychological ... ..	—
Other defects ... ..	—

## NUTRITION.

Table A on page 20 of this report gives a classification of the physical condition of children inspected at Periodic Medical Inspections during the year.

Through the courtesy of the Education Officer I am informed that a total of 540,516 meals were served in school to children during the year and of this number 46,111 meals were served free of charge. 38.66 per cent. of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,352,692 bottles of milk were supplied. All children now receive their school milk free of charge and this milk provides an additional amount of first-class protein to the child's diet.

### MINOR AILMENTS AND DISEASES OF THE SKIN.

The total number of examinations at the Minor Ailment Clinics by the doctor during the year was 344.

The numbers of children treated for minor ailments at the three clinics are as follows:—

Clinic	No. of Children	No. of Attendances for treatment
Warley ... ..	260	965
Langley ... ..	75	313
Oldbury ... ..	84	496
Totals ... ..	419	1,774

Defects Treated	Oldbury	Langley	Warley	Total
Ringworm ... ..	—	—	—	—
Impetigo ... ..	3	4	3	10
Scabies ... ..	—	1	—	1
Other Skin Diseases ... ..	40	28	127	195
Blepharitis ... ..	2	2	10	14
Conjunctivitis ... ..	3	1	1	5
Other Eye Conditions ... ..	6	8	22	36
Otorrhœa ... ..	3	4	—	7
Other Ear Defects ... ..	2	1	5	8
Minor Injuries, Sores, etc. ... ..	16	11	67	94
Miscellaneous ... ..	9	15	25	49
Totals ... ..	84	75	260	419

**TREATMENT OF DEFECTIVE VISION AND SQUINT.**

During the year 74 sessions were held and 924 attendances were made. A summary of the defects found by the Ophthalmic Surgeon in the 214 new cases is set out below:—

**Defects found in new cases:—**

**Errors of Refraction—**

Simple Hypermetropia	...	...	...	11
Hypermetropic Astigmatism—				
Simple	...	...	...	10
Compound	...	...	...	10
Simple Myopia	...	...	...	48
Myopic Astigmatism—				
Simple	...	...	...	7
Compound	...	...	...	10
Mixed Astigmatism	...	...	...	14
Amblyopia	...	...	...	2
Anisometropia	...	...	...	40

**Squint—**

Convergent	...	...	...	18
Divergent	...	...	...	2

**Inflammatory conditions, etc.—**

Corneal Ulcer	...	...	...	1
Congenital Cataract	...	...	...	1
Optic Atrophy	...	...	...	1
Blocked Duct	...	...	...	1
Unequal Pupils	...	...	...	1
Nothing abnormal discovered	...	...	...	37

5 cases were referred to the Birmingham Eye Hospital and West Bromwich and District General Hospital.

**EAR, NOSE AND THROAT DEFECTS.**

During the year 61 children were admitted to hospital for the removal of Tonsils and Adenoids.

Children found at periodic medical inspection during the year to have had tonsillectomy:—

Age Group	Boys.			Girls.		
	Examined	Tonsillectomy	Per cent	Examined	Tonsillectomy	Per cent
5 years	362	15	4.2	369	9	2.4
9 "	279	40	14.6	271	49	18.1
10 "	147	24	16.4	147	21	14.5
11 "	302	55	18.2	297	49	16.5
14 "	405	85	21.0	368	88	23.9
15 "	92	26	28.1	89	17	19.0
<b>Totals</b>	<b>1587</b>	<b>245</b>	<b>15.4</b>	<b>1541</b>	<b>233</b>	<b>15.1</b>

### ORTHOPÆDIC AND POSTURAL DEFECTS.

During the year 48 children were treated at the Smethwick Orthopædic Clinic.

			Girls	Boys
Bow Legs ...	...	...	1	1
Deformed feet	...	...	5	3
Everted heels	...	...	2	1
Flat feet ...	...	...	2	2
Intoeing ...	...	...	1	2
Knock knees	...	...	3	2
Lax feet ...	...	...	—	1
Osteochondritis	...	...	—	1
Perthes disease	...	...	—	3
Poliomyelitis	...	...	2	4
Poor posture	...	...	4	2
Torticollis	...	...	—	1
Valgoid heels	...	...	2	3
			<hr/>	<hr/>
			22	26
			<hr/>	<hr/>

### INVESTIGATION CLINIC.

Arrangements are made for special cases to attend by appointment at the Clinic, so that the Medical Officer will have a better opportunity of investigating the case than he has at any other session during the week.

During the year 23 sessions were held. 83 children made 91 attendances.

### SUN-RAY CLINIC.

Sun-Ray lamps are installed at each of the three Clinics, and 113 children made 582 attendances at 42 sessions.

### UNCLEANLINESS.

On an average three visits were made to each school during the year.

The total number of examinations of children was 24,544 (12,120 boys and 12,424 girls), and 989 (185 boys and 804 girls) were found to have nits in the hair and 71 (11 boys and 60 girls) were found to have numerous nits or vermin.

### HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 348 visits to children's homes during the year. These visits were for the purpose of following up defects found at medical inspections, uncleanliness and infectious disease.

### JUVENILE OFFENDERS.

It was reported to the appropriate Sub-Committee during the year that 47 children attending the Oldbury Schools had to appear before the Courts as Juvenile Offenders. 5 of these children had been ascertained as Educationally Sub-normal.

### INFECTIOUS DISEASES.

Notifications of Infectious Diseases received during the year for children between the age of 5 and 15 years, together with the Comparison Figures for last year are given below:—

	Cases		Hospital	
	1957	1958	1957	1958
Whooping Cough ... ..	51	14	—	—
Measles ... ..	432	10	—	—
Paratyphoid Fever ... ..	1	—	—	—
Scarlet Fever ... ..	23	43	—	—
Food Poisoning ... ..	2	—	—	—
Acute Encephalitis (Infective) ...	1	—	—	—
Dysentery ... ..	6	3	—	3
Pneumonia ... ..	5	6	—	—
Acute Poliomyelitis—Paralytic ...	3	—	3	—
„ „ Non-Paralytic	2	—	1	—
Tuberculosis—Respiratory ...	2	6	—	—
„ Meninges and Central Nervous System	—	—	—	—
„ Other Forms ...	2	1	—	—

### MEASLES.

10 cases of Measles in school children were notified during the year. This reflects the well-known epidemiological pattern of this disease which tends to reach a peak of incidence every two years.

### WHOOPING COUGH.

There was a decrease from 51 to 14 in the number of cases occurring in school children.

### DIPHTHERIA IMMUNISATION.

The number of school children immunised during the year was 122 and 653 school children received reinforcing injections. At the 31st December, 1958, 71.61 per cent. of the children on the registers had had their last injections, either primary or reinforcing, during the last five years, that is, since 1st January, 1954.

### POLIOMYELITIS VACCINATION.

By the end of the year 6,927 school children had received their second injection, and this represented 82 per cent. of the estimated school population at the 31st December, 1958.

### TUBERCULOSIS.

There were 50 cases of tuberculosis among children of school age at the end of the year as compared with 57 cases at the end of 1957. Of these 50 cases 40 were respiratory and 10 non-respiratory. Of the 7 cases notified during the year, 6 were respiratory.

A summary of the B.C.G. inoculations carried out during the year is set out below:—

Invitations issued	...	...	...	813
Acceptances	...	...	...	682 (83.88%)
Tests read	...	...	...	646
Tests positive	...	...	...	58 (8.98%)
Tests negative	...	...	...	588 (91.02%)
Inoculations	...	...	...	588

### EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 94.

33 children were excluded as a result of having infectious disease, and 61 for verminous heads.

### CAMP SCHOOL.

Full use continues to be made of the arrangements for senior children to attend for fortnightly periods at Edmond Hall Camp School. The total number of children examined for admission to the school during the year was 660



### OPEN-AIR SCHOOL.

In 1958 the County Education Committee was able to place at the disposal of Oldbury school children 35 places at the Open-Air School, Malvern. A total of 34 children were sent, 20 were girls and 14 boys. The waiting list for places in the Open-Air School justifies additional accommodation being made available.

### ROTARY BOYS' HOUSE, WESTON-SUPER-MARE.

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' House at Weston-super-Mare for selected candidates to spend two weeks each by the seaside. 47 pupils went to the House during the year.

### MEDICAL EXAMINATION OF TEACHERS.

During the year 12 entrants (Form 4 R.T.C) to Teachers' Training Colleges and 21 entrants (Form 28 R.Q.) to the Teaching Profession, were medically examined.

### HANDICAPPED CHILDREN.

The following table shows the number of children, in the various categories, ascertained by the Department, and for whom education in the appropriate Special School has been recommended.

Categories	In Special School	Awaiting admission to Special School	Total
1. Blind ... ..	4	—	4
2. Partially sighted ... ..	5	1	6
3. Deaf ... ..	3	—	3
4. Partially deaf ... ..	4	2	6
5. Delicate ... ..	4	3	7
6. Physically handicapped ... ..	10	2	12
7. Educationally sub-normal	49	31	80
8. Maladjusted ... ..	—	—	—
9. Epileptics ... ..	—	1	1
	—	—	—
Total ... ..	79	40	119
	—	—	—

### EDUCATIONALLY SUB-NORMAL CHILDREN.

60 Intelligence Tests were carried out during the year and the following recommendations were made:—

Report to the Local Health Authority under Section 57(3) of the Education Act, 1944	...	.....	...	5
Report to the Local Health Authority under Section 57(5) of the Education Act, 1944	...	...	...	6
Educate at Special Day/Boarding Schools for Educationally Sub-normal Pupils	...	...	...	29
Educate at ordinary schools with special educational treatment	...	...	...	2
Educate at ordinary schools in special classes	...	...	...	2
Educate at ordinary schools (children educationally sub-normal)	...	...	...	—
Educate at ordinary schools (children not educationally sub-normal)	...	...	...	14
Educate at Special School for Physically Handicapped Pupils	...	...	...	2

### SANITARY ACCOMMODATION.

During the year the following work was carried out in connection with the sanitary accommodation in the Oldbury Schools:—

#### Work completed—

- (a) **Albright Secondary Modern School:**  
Provision of showers and improvements to sanitary accommodation.
- (b) **Titford Road Primary Infants' School:**  
Provision of new wash basins and hot water to same.
- (c) **Good Shepherd C. of E. Controlled Primary School:**  
Improvements to washing and cloakroom facilities.
- (d) **Sanitary Towel Incinerators and Dispensers:**  
Fitted at the Grammar School, Albright Secondary Modern Girls' School and St. Michael's C. of E. Controlled Secondary Modern Mixed School.

#### Work in progress— Nil.

#### Work authorised—

- (a) **Bristnall Hall Secondary Modern Girls' School:**  
Improvements to sanitary accommodation.

#### Work planned—Provided for in the Financial Estimates 1959-60—

- (a) **Castle Road Primary School:**  
Improvements to sanitary accommodation (Boys & Girls).
- (b) **Bristnall Hall Secondary Modern Boys' School:**  
Improvements to sanitary accommodation.

The planned improvements to the sanitary accommodation at St. Michael's C. of E. Controlled Secondary Modern School have been withdrawn on account of the decision to build a new school.

**OLDBURY SCHOOL DENTAL SERVICE.****REPORT OF THE DIVISIONAL DENTAL OFFICER  
FOR 1958.**

Once again it is important to consider what happened in the Borough in the year 1958 and, because it will affect us, what is happening in the country.

The Dental Staff continued in their efforts to halt the spread of Dental Caries called, for very good reasons, the "Last Great Epidemic." The amount of work done gave cause for satisfaction. More children attended our clinics than ever before. We had the services of Dental Surgeons for an extra hundred and nine sessions as compared with the previous year. Due to this, 1,650 more fillings were done and consequently more teeth were saved. There was a reduction in the number of extractions, and the ratio of fillings to extractions was sounder than before. In the Orthodontic Field there was further cause for satisfaction in the completion of old cases and the treatment of a greater number of new ones. The rate of acceptance by the parents of Oldbury for the treatment of their children was high, indeed higher than we can cope with. The number of children with really wretched mouths has decreased considerably. Judged by everyday standards the year had much to commend it, but the standards of commerce cannot be applied to the health of children and there is much to be sad about. There was no decrease in the rate of Dental Caries, and that is indeed the heart of the matter.

That the problem is more national than local is no comfort whatsoever. The Dental Surgeon deals with a public, already saddled with bad eating habits, being brainwashed into others by their constant subjection to noxious advertisement. The baby has scarcely trod his first uncertain step in life when he becomes a sufferer from dental disease. The disease progresses, and our small children arrive at school for the first time with an average of five teeth carious, or missing. Already a great deal of damage has been done and with insufficient dental inspection due to a lack of Dental Officers, which unfortunately promises to be chronic, the writing is on the wall. The British adult is so very often a mutilated person who does not reach his full potential in life, due to speech, mastication, and appearance being affected by loss of teeth. This is usually a legacy stemming from insufficient guidance and treatment during his or her formative years. It is impossible to measure distress and inconvenience in terms of hard cash, but it is important to consider that the British worker loses an estimated million days' work every year due to dental disease.

The present situation is an intolerable one, but an informed public could do much to remedy it. The School Service is in a critical condition through lack of recruits and the children in our Borough suffer because of it. The Government must give the young dentist real encouragement to join the service. Health Edu-

cation must be spread, not as at present, by a few enthusiasts, but by every means at the disposal of the Government.

The public should be shown how Fluoridation would help and local authorities encouraged to protect their children in this way. Everyone interested in the welfare of children must redouble their efforts to promote dental health. I have no doubts that the children of today, so often criticised for alleged character defects, are more courageous dental patients than their parents or grandparents ever were. To let the present situation continue is to do them a great disservice.

Most willingly I thank those who helped us, especially the Head Teachers and staffs of our schools and the Health Visitors, for the spread of Dental Education. I also thank the Dental attendants, Mrs. M. A. Tibbatts, the County Orthodontist, and Mrs. A. Facer. Thanks are also due to Mr. B. D. Britten, the Principal Dental Officer, who helped with our staffing problem, and Dr. H. Tabbush, who once again in giving all our general anæsthetics rendered an outstanding service to the children of Oldbury.

JAMES RODGERS,  
Divisional Dental Officer.

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#### REPORT ON SPEECH THERAPY CLINIC AT OLDBURY

Cases attending at 31.12.58 ... ..	22
Discharged after satisfactory progress...	11
Discharged after some progress ... ..	5
Left school or area ... ..	—
Ceased attending ... ..	2
Total ... ..	40
Waiting list ... ..	94
Grand Total	134
Total number of treatments ... ..	618

#### Types of Speech Defects treated:—

Articulation, e.g. Lisp ... ..	13
Communication, e.g. Stammering ... ..	23
Multiple, e.g. Cleft Palate ... ..	4
Total ... ..	40

Speech clinics have continued to run smoothly throughout the year. The children have, on the whole, attended regularly and this factor has contributed much to the success of treatment. A heartening sign is the reduction in the number of children awaiting treatment. The waiting list nevertheless remains far too long and there is obviously a need for an extension of the Speech Therapy Service in Oldbury. At present however, the demand on the Speech Therapists' time throughout the rest of the County does not allow for this.

Therapy must of necessity be extended over a long period of time, because the object is twofold. The initial aim is to deal with the actual speech difficulty, but for some time now this as an end in itself has been considered inadequate. More recently, therefore, throughout treatment, greater emphasis has been laid on the helping of children to make the most of this newly acquired skill. One finds that in schools with their overlarge classes, there is neither sufficient time nor opportunity for these language handicapped children to express themselves. There is frequently lack of stimulation at home. It rests therefore, with the Speech Therapist to provide the stimulus necessary for the child to find satisfaction and pleasure in the use of spoken language. The children are given every possible encouragement to express their thoughts and ideas about any subject that interests them, through acting, talks and general conversation. The therapist must be completely uncritical even in the face of most surprising revelations — for example one had always considered it safe to assume that Lord Nelson died at Trafalgar, but one Oldbury child denied this and stated categorically that Nelson met his end by falling off the roof of the Town Hall “down Oldbury!”

My thanks, as always, are due to the staff of schools and to members of the Health Department. It is regrettable that there is so little opportunity to see more of them, because their advice and help concerning children is always invaluable.

MARGARET EDWARDS,  
Senior Speech Therapist.

## PART I.

**MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED AND ASSISTED PRIMARY AND  
SECONDARY SCHOOLS**

Number of Pupils on Registers in January, 1959—8,418.

**Table A.—PERIODIC MEDICAL INSPECTIONS.**

Age Groups Inspected (Year of Birth)	No. of Pupils inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1953 .. ..	786	778	98.99	8	1.01
1949 .. ..	772	760	98.42	12	1.58
1948 .. ..	294	293	99.66	1	0.34
1947 .. ..	673	666	98.96	7	1.04
1944 .. ..	773	771	99.74	2	0.26
1943 and earlier ..	181	181	100.00	—	—
<b>TOTAL</b>	<b>3479</b>	<b>3449</b>	<b>99.14</b>	<b>30</b>	<b>0.86</b>

**Table B—PUPILS FOUND TO REQUIRE TREATMENT.**

Age Group (Year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1953 .. ..	10	70	79
1949 .. ..	64	72	125
1948 .. ..	46	13	57
1947 .. ..	89	67	137
1944 .. ..	103	62	156
1943 and earlier ..	45	10	53
<b>GRAND TOTAL</b>	<b>357</b>	<b>294</b>	<b>607</b>

**Table C.—OTHER INSPECTIONS.**

Number of special inspections	...	...	...	992
Number of re-inspections	...	...	...	3,084
				—
			Total	...
				4,076

Table D.—INFESTATION WITH VERMIN.

1.	Total number of individual examinations of pupils in the schools by the School Nurses or other authorised persons	...	...	...	...	24,544
2.	Number of individual pupils found infested	...				409
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	...	...	...	...	71
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	...	...	...	...	2

## PART II.

## DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease	TABLE A								TABLE B	
		PERIODIC INSPECTIONS								Special Inspections	
		Entrants		Leavers		Others		Total			
		T	O	T	O	T	O	T	O		
4	Skin .. ..	6	8	17	14	16	18	39	40	37	7
5	Eyes—										
	a. Vision	10	26	148	15	199	132	357	173	285	196
	b. Squint	10	1	11	2	32	3	53	6	96	84
	c. Other	5	6	2	3	4	8	12	17	17	19
6	Ears—										
	a. Hearing	1	10	4	9	5	15	10	34	1	2
	b. Otitis										
	Media	2	15	3	11	—	15	5	41	4	—
	c. Other	1	3	11	5	5	10	17	18	8	1
7	Nose or Throat	24	101	3	24	40	125	67	250	30	21
8	Speech ..	9	3	3	1	6	3	16	7	—	2
9	Lymphatic Glands ..	—	27	—	—	—	35	—	62	—	3
10	Heart.. ..	—	2	—	2	—	17	—	21	—	1
11	Lungs ..	5	25	—	12	10	42	15	79	5	—
12	Developmental—										
	a. Hernia	1	—	—	—	2	1	3	1	—	—
	b. Other	3	13	3	6	5	36	11	55	—	3
13	Orthopaedic—										
	a. Posture	—	7	—	13	—	39	—	59	—	1
	b. Feet	2	8	3	16	10	16	15	40	2	1
	c. Other	1	8	16	19	16	43	33	70	15	2
14	Nervous System—										
	a. Epilepsy	1	—	1	1	1	4	3	5	—	—
	b. Other	—	2	—	1	1	5	1	8	3	—
15	Psychological—										
	a. Development	1	4	1	3	2	10	4	17	2	5
	b. Stability	—	4	—	2	—	6	—	12	3	3
16	Abdomen ..	2	1	—	—	1	—	3	1	—	—
17	Other Defects	—	—	1	1	—	—	1	1	48	2

## PART III.

**TREATMENT OF PUPILS ATTENDING MAINTAINED  
AND ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(including Special Schools)**

<b>Table A.—Eye Disease, Defective Vision and Squint</b>	No. of cases known to have been dealt with:
External and other, excluding errors of refraction and squint ... ..	62
Errors of Refraction (including squint) ...	187
Total	249
Number of pupils for whom spectacles were prescribed ... ..	474

**Table B.—Diseases and Defects of Ear, Nose and Throat**

Received operative treatment	
(a) for diseases of the ear ... ..	6
(b) for adenoids and chronic tonsillitis ...	61
(c) for other nose and throat conditions ...	—
Received other forms of treatment ... ..	20
	87
Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1958 ... ..	—
(b) in previous years ... ..	6

**Table C.—Orthopædic and Postural Defects**

(a) Pupils treated in clinics or out-patient depts.	61
(b) Pupils treated at school for Postural Defects...	3
Total	64

**Table D.—Diseases of the Skin**

Ringworm—(a) Scalp ... ..	—
(b) Body ... ..	—
Scabies ... ..	1
Impetigo ... ..	10
Other skin diseases ... ..	195
Total	206



<b>Table E.—Child Guidance Treatment</b>	No. of cases known to have been dealt with:
Pupils treated at Child Guidance Clinics	... 27

<b>Table F.—Speech Therapy</b>	
Pupils treated by Speech Therapists	... 40

<b>Table G.—Other Treatment Given</b>	
(a) Pupils with minor ailments	... 69
(b) Pupils who received convalescent treatment under School Health Service arrangements	9
(c) Pupils who received B.C.G. vaccination	... 588
(d) Other than (a), (b), and (c) above (specify)	
1. Minor injuries	... 106
2. Sunlight	... 113
3. Appendicitis	... 23
	<hr/>
Totals (a)—(d)	... 908
	<hr/>

#### PART IV.

##### DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—	
(a) At Periodic Inspections	... 4,305
(b) Specials	... 523
	<hr/>
	Total ... 4,828
	<hr/>
(2) Number found to require treatment	... 3,757
(3) Number offered treatment	... 3,179
(4) Number actually treated	... 2,591
(5) Attendances made by children for treatment (in- cluding 11(h) overleaf)	... 5,442
(6) Half-days devoted to—	
Periodic (School) Inspection	... 24
Treatment	... 710
	<hr/>
	Total ... 734
	<hr/>
(7) Fillings—	
Permanent Teeth	... 4,637
Temporary Teeth	... 126
	<hr/>
	Total ... 4,763
	<hr/>

(8)	Number of Teeth Filled—				
	Permanent Teeth	...	...	3,781	
	Temporary Teeth	...	...	114	
			Total	...	<u>3,895</u>
(9)	Extractions—				
	Permanent Teeth	...	...	905	
	Temporary Teeth	...	...	2,086	
			Total	...	<u>2,991</u>
(10)	Administration of general anæsthetics for extraction				621
(11)	Orthodontics—				
	(a) Cases commenced during the year	...			36
	(b) Cases carried forward from previous year	...			27
	(c) Cases completed during the year	...	...		29
	(d) Cases discontinued during the year	...			12
	(e) Pupils treated with appliances	...	...		48
	(f) Removable appliances fitted	...	...		56
	(g) Fixed appliances fitted	...	...	...	—
	(h) Total attendances (included in (5) above)	...			652
(12)	Number of pupils supplied with artificial teeth	...			10
(13)	Other operations—				
	Permanent Teeth	...	...	634	
	Temporary Teeth	...	...	68	
			Total (13)	...	<u>702</u>